

MVCC UPSEU Health Insurance Waiver Form

For Benefit Year: January 1, 2025 – December 31, 2025

Health Insurance Plan Options

At the time of hire, following a qualifying event, and each year during open enrollment, employees can review the College's health insurance plans. During this time, you may choose to enroll in or waive the College's health insurance plans.

Eligibility Requirements to Qualify for a Waiver

To qualify for the health insurance waiver payment, you must meet the following criteria:

- Be a full-time employee.
- Be eligible for health insurance benefits under a collective bargaining agreement or a Board of Trustees resolution.
- Provide proof of alternative health insurance coverage (e.g., a copy of an identification card) from another source such as a spouse/partner, secondary employer, or military, no later than November 30, 2024.
- Must not be enrolled in the College's health insurance plan for eleven consecutive months (January through November). New hires are not eligible for the waiver payment unless they have been off the College's insurance for this entire period.
- Must not have been on leave without pay during the benefit year you have waived coverage.
- Dependents covered under a college health insurance plan are not eligible for the waiver.

Waiver Options, Payments, and Benefit Conditions

The College will provide a one-time lump sum payment in December to employees who waive health insurance coverage for the entire benefit year. You must not be enrolled in the College's dental plan if claiming the full waiver amount.

Waiver Option	Select	Tier Level
Must Waive Medical, Prescription, and Dental	<input type="checkbox"/>	\$500.00 - Individual
	<input type="checkbox"/>	\$750.00 – 2 Person
	<input type="checkbox"/>	\$1000.00 – Family

Note: New hires are ineligible for the waiver payment unless they have been off the College's insurance for this entire benefit period. If you lose alternative coverage during the year, you may enroll in any College health insurance plan; however, no pro-rated payment will be issued if coverage is reinstated before the end of the benefit year.

Acknowledgment

By signing below, I confirm that I have provided proof of alternative health insurance coverage to the Department of Human Resources. I understand that by waiving health insurance coverage, I am not eligible to submit any claims for physician, hospital, drug, or dental services (if claiming the full amount) to the College. My waiver will remain in effect until the next open enrollment period or qualifying event.

Employee Name (Print): _____ M Number: _____

Employee Signature: _____ Date: _____