



CORONA-NORCO UNIFIED SCHOOL DISTRICT

Waiver of Medical Insurance

- I understand that my dependent children and I are eligible for major medical coverage and have the opportunity to purchase this coverage.
- I understand that the district provides “minimum essential health coverage” as required by Health Care Reform (HCR) and that HCR requires all individuals to be enrolled in health coverage or face a potential tax penalty.
- Classified Employees are permitted to waive if they work less than 7.2 hours per day.

By signing below, I understand that I am electing to waive medical insurance for the plan year. I understand that my waiver of such benefits is voluntary and that I may not be eligible to enroll until the next open enrollment period. Enrollment is permitted with proof of loss of coverage elsewhere within 30-days of the event.

Classified (works less than 7.2 hours) **Certificated** **Management**

NEW WAIVER*

***New Waivers during open enrollment must complete paperwork to cancel existing insurance.**

Employee Name (please print): _____

Signature: _____ **Date:** _____

Name of Insurance Company _____