Sacramento Public Library

Waiver of Health Coverage

Sacramento Public Library offers health coverage to all full time and part time (40 hours a pay period) regular employees. The Library's health plans provide ***Minimum Essential Coverage, Minimum Value and Affordability*** and in compliance with the Affordable Care Act (ACA).

Full time regular employees or their dependents will not be eligible to enroll in a health plan through Covered California as well as not eligible for a tax credit.

Part time regular employees may be eligible to enroll in a health plan through Covered California and may be eligible for a tax credit. If you waive coverage, you will not be eligible for the Library contribution and your payments to Covered California will be made on an after tax basis.

If you wish to waive Sacramento Public Library health coverage, you must complete and sign below.

I acknowledge that I have been offered the opportunity to purchase health coverage from a Sacramento Public Library sponsored health plan for me and my dependents (if applicable).

- ☐ I decline enrollment at this time because:
  - ☐ I have other medical coverage
  - ☐ I do not wish to enroll myself in any type of medical coverage at this time
  - ☐ I do not wish to enroll my
    - ☐ spouse
    - ☐ child(ren) in any type of medical coverage at this time

If you are declining enrollment for yourself or dependents (including your spouse) because of other health care coverage, you may enroll yourself or your dependents in the plan prior to the next open enrollment period (under certain circumstances). To do this, you must have involuntarily lost your other coverage and we must receive your enrollment application within 30 days after your other coverage ended. Additionally, if you have new dependents as a result of marriage, birth, adoption or placement for adoption, you may be able to enroll yourself and dependents, provided we receive your completed enrollment application within 30 days after the marriage, birth, adoption, or placement for adoption.

Print Name:	
Signature:	Date: