Barton Staffing Solutions, Inc.

Health Insurance Waiver Form

Barton Staffing Use Only:
EEID: _____

Employee Name: _____

I understand that my employer has offered health insurance to me in compliance with the Patient Protection and Affordable Care Act.

On behalf of myself and my eligible dependents (if any), I waive (decline) the option to enroll in any employer-sponsored health insurance plans offered at this time by or through my employer.

My reason for waiving Medical Benefits (check one):

- ☐ I have other individual and/or dependent coverage
- ☐ I am covered under my spouse's health insurance plan
- ☐ I am covered under my parent's health insurance plan
- ☐ I am covered under Medicare
- ☐ I am covered under Medicaid or other state insurance
- ☐ I am covered under COBRA from a previous employer's plan
- ☐ I am covered under TRICARE (formally CHAMPUS)
- ☐ I choose no coverage at this time
- ☐ Other: _____

Notice of Enrollment Rights:

In the future you may be able to enroll yourself and/or dependents in your employer-sponsored health benefits plan provided you request enrollment within 60 days of a qualifying life event. All eligibility rules must be satisfied for any future enrollment. Learn more about qualifying life events at https://www.healthcare.gov/glossary/qualifying-life-event/

My signature below indicates I understand I am waiving the offer of insurance from my employer. I further understand, except for a qualifying life event, I am waiving health insurance coverage until such time I am eligible for again based on plan rules.

_____
Print Employee Name

_____ _____
Employee Signature Date