

# BENEFIT ELIGIBILITY/WAIVER FORM

The City of Saint Paul offers employer-sponsored medical insurance coverage to all employees who meet the eligibility definition under the medical insurance plan. You may or may not be eligible.

The City of Saint Paul's medical plan meets the Federal definition of affordability and minimal essential benefits required by the Affordable Care Act.

If an eligible employee does not wish to enroll in City-offered medical insurance coverage, this waiver form must be completed.

## Medical Insurance Waiver Form

By completing this form, I acknowledge that I am freely waiving City-provided medical insurance coverage.

\_\_\_\_ Yes, I wish to waive medical insurance coverage provided by The City of Saint Paul.

PRINT NAME \_\_\_\_\_

DATE \_\_\_\_\_

DEPARTMENT \_\_\_\_\_

*(OPTIONAL)*

1. I am covered by:

- \_\_\_\_ Self  
\_\_\_\_ Parents  
\_\_\_\_ Spouse  
\_\_\_\_ Other: \_\_\_\_\_

2. Insurance Company: \_\_\_\_\_

3. Policy Number: \_\_\_\_\_

4. Expiration Date (if any): \_\_\_\_\_

**If you waive coverage when you are first eligible** you will not be able to enroll in the City's medical insurance unless:

1. You experience a change in family status: e.g. Loss of other medical coverage (proof of loss required) or
2. You elect coverage during the annual open enrollment in which your benefits would have an effective date of January 1. Annual open enrollment is held in October each year.

**Employees currently NOT eligible for benefits:** Should your circumstances change, and you become eligible to enroll in benefits by meeting the City's minimum hours required for benefit eligibility, contact Benefits at 651-266-6500 to begin the enrollment process upon your change in schedule.

**Please return completed form to Rachel Larson via  
email: [rachel.larson@ci.stpaul.mn.us](mailto:rachel.larson@ci.stpaul.mn.us).**