



WAIVER OF CITY SPONSORED BENEFITS

January 1 to December 31, 2024

I hereby acknowledge I have been given an effective opportunity to enroll in health coverage offered by the City of Santa Ana for the plan year from **January 1, 2024 to December 31, 2024** and the coverage offered meets the standards of affordable, minimum value coverage as defined by the Affordable Care Act.

I certify I am covered under another group insurance plan and wish to waive coverage under the following City sponsored benefit plans:

Medical

Dental

Employees covered under a spouse's non-City sponsored group health and/or dental plan may be eligible for a cash payment based on the provisions of their MOU.

- Is your spouse a City of Santa Ana employee? YES NO
- If yes, please provide your spouse's name: _____

Proof of Other Medical Coverage:

Primary Insured:	Employer's Name:
Plan Name:	
Policy Number:	

Proof of Other Dental Coverage:

Plan Name:
Policy Number:

If I waive medical and/or dental coverage, I certify all of my eligible tax dependents are covered under another group insurance plan for the period from **January 1, 2024 to December 31, 2024**. I understand other group coverage does not include coverage purchased on the individual market, including through Covered California.

This waiver is for the current plan year and may only be changed during the annual open enrollment period except under certain circumstances. I may be able to enroll myself and my eligible dependents through the City's group plan if we lose coverage through the other group plan I have.

By signing below, I certify I have read this form and understand the consequences of waiving the City's health coverage. I also certify that the information I have provided is true and correct to the best of my knowledge.

Signature of Employee

Date

Print Name

Employee ID #

Note: You are required to include proof of other coverage, listing all eligible dependent(s). Only a letter from the employer who is covering your health and/or dental insurance is acceptable. Insurance cards are not acceptable form of proof. You may also use the Proof of Coverage Verification form in lieu of the letter from the employer.