

## **WAIVER OF HEALTH INSURANCE COVERAGE**

Having met the eligibility requirements, you are being offered the opportunity to enroll in health coverage offered by Coconuts Bahama Grill, LLC. You have the right to decline or waive coverage. If you do waive coverage for yourself, you may not cover dependents under your Employer's Health Plan

Note that if you waive coverage considered affordable and minimum essential under the Patient Protection and Affordable Care Act (ACA), you will not qualify for government credits and subsidies to purchase individual health insurance on the Marketplace.

The decision to waive coverage has consequences for you. For example:

- If you waive coverage, you cannot enroll in Coconuts Bahama Grill, LLC health plan until the next open enrollment period, unless you experience a qualified change in status. Examples include if you are covered under another plan, but that coverage is lost, or if you gain a new dependent through birth, adoption or marriage. However, you must request to enroll in the plan within 30 days of the qualified change in status. If you miss this window, you must wait until open enrollment.

I acknowledge that Coconuts Bahama Grill, LLC has offered me affordable minimum essential coverage, as defined under the ACA, for the period from January 1, 2025 to December 31, 2025. I have read the above and I understand the consequences of my waiver of coverage.

### **I am waiving Medical coverage because:**

- ☐ I have other coverage elsewhere
- ☐ I do not want health insurance coverage

### **I am also waiving the following coverages:**

- ☐ I am waiving dental coverage
- ☐ I am waiving vision coverage

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Name of Employee

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Signature of Employee

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Date

As a representative of Coconuts Bahama Grill, I received this Waiver of Coverage from the above employee on \_\_\_\_\_ (Date).

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Signature of Employer Representative