# PERSONNEL

## Opt-Out Benefits 5405

**Eligible Opt-Out Arrangement.**

No staff member of ESU 2 shall be allowed to declinegroup health coverage for purposes of receiving the Unit’s ‘cash-in-lieu’ payment (equivalent to the single health insurance premium paid by the Unit), unless the staff member has filed a signed attestation with the Business Office certifying that the staff member and all other individuals for whom the staff member reasonably expects to claim a personal exemption deduction for the taxable years covered by this Agreement; will have minimum essential coverage during the term of this Agreement. Staff members are not eligible for the opt-out payment if they obtained the outside coverage in the individual market, whether or not obtained through the Health Insurance Marketplace.

The staff member must file an attestation, on a form provided by the Unit, which certifies that the staff member and the staff member’s applicable tax family members are covered by an alternate health insurance plan which aligns with the requirements of the preceding paragraph. The attestation must also absolve the Unit of responsibility for any future financial ramifications imposed as a result of the staff member's decision to decline participation in the provided health plan and any misrepresentations of the Unit’s insurance offer made by the staff member in procuring the outside coverage.

Any staff member choosing the opt-out arrangement must provide the attestation at least annually during the timeframe established by the Unit. Failure to comply with all of the provisions of the “Eligible Opt-out Arrangement” will result in the denial of the opt-out payment even if the staff member declined health coverage.

Date of Adoption: 01/15/2018

Date of Review: 02/24/2025

Date of Revision:

**Educational Service Unit #2**

**ELIGIBLE OPT-OUT ARRANGEMENT ATTESTATION**

Consistent with the terms outlined in Policy 5405, I am electing to decline the Unit’s offer of health insurance coverage in exchange for the Opt-Out Payment; which is equivalent to the single health insurance premium paid by the Unit.

The following attestations are true and accurate:

1. I have received an offer of insurance coverage from the Unit which permits me to enroll myself and all other individuals for whom I reasonably expect to claim a personal exemption deduction for the taxable years;
2. I understand the Unit has agreed to pay the premium costs for health insurance coverage at the appropriate insurance tier.

3. I understand that the offer made by the Unit complies with all pertinent laws, is “affordable,” and provides “minimum value” and “minimum essential coverage,”;

4. I am declining that offer of coverage in exchange for the Opt-out Payment.

5. I have enrolled my Tax Family in minimum essential coverage through another outside plan;

6. I did not obtain the outside plan coverage for my Tax Family from the individual market, whether or not we enrolled through the Health Insurance Marketplace;

7. I have insured my Tax Family in the following way (check all that apply):

a. \_\_\_\_ We are enrolled through a spouse’s plan;

b. \_\_\_\_ We are enrolled through a government plan (Medicare, Medicaid, veteran’s coverage, CHIP, etc.)

c. \_\_\_\_ Other (explain here) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

8. I have made no representation to any other person or entity with whom I have enrolled my Tax Family which is inconsistent with these attestations and the offer made to me; and

9. I agree to indemnify, absolve, and hold harmless the Unit in the event my election to decline coverage and/or any misrepresentations, whether intentional or unintentional, made by me in securing coverage for my Tax Family outside of the Unit’s plan impose financial responsibility on the Unit.

By signing below, I understand that this form must be returned to the Business Office prior to the last Friday of September annually.

Failure to return this form prior to that date may result in the denial of the Opt-out Payment even if health coverage is declined.

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Print Name Date

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Signature Date