

2024 MEDICAL DECLINATION AND WAIVER FORM

Employee Name: _____ Phone: _____

Facility/Hospital: _____ E-mail: _____

2024 Open Enrollment - Effective Date _____

New Hire - Effective Date _____

Qualifying Event - Effective Date _____

This form applies to individuals who waive coverage in a Prime Healthcare group medical plan.

The Prime Value Plan, offered by Prime Healthcare, is both affordable and provides minimum value as specified under the Affordable Care Act 2010. Therefore, you will not be eligible for a tax credit or subsidy through the Healthcare Exchange Marketplace and may wish to enroll in a Prime Healthcare group medical plan.

By signing below, I certify that:

Prime Healthcare has offered me a group medical plan that offers essential health benefits as specified under the Affordable Care Act 2010 (“ACA”) that is both affordable and provides minimum value.

However, I am declining enrollment in a Prime Healthcare group medical plan. The reason for my declination is as follows:

I have other qualified medical coverage from another source (such as my spouse’s employer)

Name of Insurance Carrier: _____

Policy Number: _____

I do not have other qualified medical coverage and I do not wish to enroll in a Prime Healthcare group medical plan.

I understand that by signing this form, I am waiving participation in a Prime Healthcare group medical plan for January 1, 2024 – December 31, 2024.

Employee Signature

Date