



# St. Mary's General Hospital

JNESO RN Unit

## 2024 MEDICAL OPT OUT AGREEMENT

EMPLOYEE INFORMATION		
Employee Last Name	Employee First Name	Employee ID Number:

**NOTE:**

- Per Diem/Temporary Employees are **NOT** eligible for the Medical Opt-Out Credit.
- A copy of the alternate medical insurance card **MUST** be provided to receive Medical Opt-Out Credit.
- Employee **MUST** be enrolled in another health plan to eligible Medical Opt-Out Credit. Enrollment in another Prime Healthcare medical plan does not qualify as other coverage.

I elect to decline health coverage with Prime Healthcare for the following:

- Self (\$50 per pay period) I understand that if I waive coverage, I cannot enroll until the next Open Enrollment, except in the case of a qualifying event\*.
- Legally Married Spouse/Civil Union Partner (\$40 per pay period)

I have coverage under another qualified group health plan.

Name & Policy # of Other Plan: \_\_\_\_\_

\*If you are declining enrollment because you are enrolled in another qualified group health plan, you may be able to enroll in the Prime Healthcare plan if you or your dependents lose eligibility. However, you must request enrollment within 30 days after the other coverage ends. In addition, if you have a new dependent, you may be able to enroll yourself and your dependents provided that you request enrollment within 30 days after the qualifying family status change event.

ACKNOWLEDGEMENT	
I hereby certify that all the information shown above is true and correct to the best of my knowledge. I certify that the information I provided on this form and at all times during coverage about my family status and my dependents' eligibility for benefits under the benefit plan is accurate and that the Plan reserves the right to rescind coverage in the event of fraud or a material misrepresentation, and such rescission is effective on the date of such fraud or misrepresentation.	
Employee Signature	Date
Human Resources Representative Signature	Date

CC: Employee  
Employee File