



Merrill Area Public Schools

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www.mapsedu.org

*** Student Achievement * Community Partnership * Future Success ***

Waiver and Attestation Form: Health Insurance

I, _____, was offered the opportunity to enroll in an employer provided group health insurance program that offered minimum essential coverage (MEC), was “affordable” (according to one of the 3 IRS provided safe harbors available under the ACA) and offered minimum value (MV).

I have elected to waive the opportunity to enroll in MAPS health coverage when I have been offered to enroll knowing that the next opportunity to enroll will not be until the next Open Enrollment, unless I experience a qualifying life event.

Instead I have enrolled in health insurance coverage that provides minimum essential coverage (MEC) through:

- A spouse’s employer plan
 - I am NOT a Dependent on my Spouse’s plan if they work for MAPS.
- Parent’s medical plan
 - I am NOT a Dependent on my Parent’s plan if they work for MAPS.
- Medicaid
- Medicare
- TriCare
- Market Place / State Exchange
- I wish to Opt Out of the Cash In Lieu benefit offered by MAPS.

I certify this information to be true and accurate. False statements on this form may be subject to disciplinary action, up to and including discharge.

Employee Name (Print)

Employee Signature

Date