

## Waiver of Medical Coverage Coverage Not Required Under Contract/Plan

### *Directions:*

- Use this form when an employee is eligible for a full employer contribution due to a law but not the applicable labor agreement or compensation plan. This may include: 1) student worker, intern, seasonal, emergency, intermittent temporary (classified one year temp); 2) PRO and Senior Judge; 3) full-time employees moving to part-time (scheduled to work on average less than 30 hours per week).
- Submit this form to SEGIP: fax to 651-296-5445; or email to [segip.mmb@state.mn.us](mailto:segip.mmb@state.mn.us); or 400 COB, 658 Cedar Street, St. Paul, MN 55155.
- **Forms not in the SEGIP office by the deadline will not be processed and the election change will not be made.** The form must be submitted within 30 calendar days from a change in employment status or by the date stated on the insurance packet (if the employee receives one), or within 35 days from the date of hire or rehire or by the date stated on the insurance packet (if the employee receives one).
- For more information or assistance, call SEGIP at 651-355-0100 or at our website at <http://mn.gov/mmb/segip/>.

### *Employee completes this section*

My employer has offered me (and my eligible dependents) medical coverage through SEGIP but I am choosing to waive (decline) that coverage. Circle one:

Waive all coverage (single and family if applicable)

Waive family (keep single)

Optional coverages including short-term disability, long-term disability, optional life, spousal life, and child life may be waived at any time. Once waived, evidence of insurability will be required to re-enroll in optional coverages.

My employer will continue to provide me basic life coverage as long as I am scheduled to work 1,044 hours per year (.50 FTE). No changes may be made to dental or an MDEA.

- **I understand that by waiving medical coverage at this time I will not be able to re-enroll in medical coverage until either the next SEGIP annual Open Enrollment or when I experience a qualifying life event.**
- I intend to enroll (or am enrolled) in another plan that provides minimum essential coverage that will be effective no later than the first day of the second month following the month in which I waive (decline) this coverage.
- I understand that the Affordable Care Act (ACA) requires most individuals to have qualifying health care coverage each month and that I may owe a federal tax penalty if I fail to be covered.
- I understand that individuals who have access to affordable employer health insurance coverage are not eligible for premium tax credits to purchase coverage through a health insurance exchange such as MNsure. The medical coverage offered through SEGIP is affordable and so I am unlikely to **be eligible for a premium tax credit.**

Signature of employee waiving coverage (See the Privacy Notice on the back of this form)		Employee ID #	Date
<b><i>Employing agency's Human Resource Representative completes this section</i></b>			
For instructions see EID Procedure #2500 Waiver for less than 30 hours			
Employee Name (Print):		Employee ID#:	
Reg/Temp Code:	Job Record Number:	Effective date of the change in employment status or appointment:	
Date of the note on the job record:	Length of time the employee is anticipated to be ineligible under the contact/plan:	Print Agency HR staff name:	
Agency HR staff signature:			Date:

Minnesota Management & Budget  
**NOTICE OF COLLECTION OF PRIVATE DATA**

Minnesota Management & Budget (MMB) administers the State Employee Group Insurance Program (SEGIP). This notice explains why we may request information (data) about you, your spouse, and dependents, how we will use it, who will see it, and your obligation to provide that information.

**What information will we use?**

We will use the information you provide us at this time, as well as information previously provided us, about yourself, your spouse, or dependent(s). If you provide any information about that is not necessary, we will not use it for any purpose.

SEMA4, the information system used to administer employee benefits, contains required information fields that may not be necessary for us to process your request. We only need your dependent's date of death to process a death benefit claim or to discontinue the dependent's coverage due to his or her death. Student status and disability status are needed only to determine eligibility for insurance continuation for your dependent. We need the social security numbers and birth dates of your spouse and dependent to offer insurance continuation, process a death benefit, to ensure we are matching them to the correct insurance benefit transaction and to comply with federal Medicare coordination laws.

**Why we ask you for this information?**

We ask for this information so that we can successfully administer SEGIP. This information is used to process your request to add or change coverage for yourself, your spouse, or dependents. The requested information helps us to determine eligibility, to identify you and your spouse, and dependents, and to contact you or your spouse, and dependents. The information is also used to develop new programs, ensure current programs effectively and efficiently meet member needs, and to comply with federal and state law and rules. We may ask for information about you, your spouse or dependents that we have already collected, including all or part of your social security number, in order to ensure we are matching you to the correct insurance benefit transaction.

**Do you have to answer the questions we ask?**

You may not be legally required to provide any of the information requested.

**What will happen if you do not answer the questions we ask?**

If you do not answer these questions, the insurance benefit transaction you requested for you or your spouse, dependent or other insurance benefit transaction may be delayed or denied.

**Who else may see this information about you and your spouse and dependents?**

We may give data about you and your spouse, and dependents to the insurance carrier you have chosen, SEGIP's other representatives, vendors and actuary; the Legislative Auditor; the Department of Health; the Department of Commerce; and any law enforcement agency or other agency with the legal authority to the information; and anyone authorized by a court order. In addition, the parents of a minor may see information on the minor unless there is a law, court order, or other legally binding instrument that blocks the parent from that information.

**How else may this information be used?**

We can use or release this information only as stated in this notice unless you give us your written permission to release the information for another purpose or to release it to another individual or entity. The information may also be used for another purpose if Congress or the Minnesota Legislature passes a law allowing or requiring us to release the information or to use it for another purpose.