

HealthFlex Mandatory Premium and Coverage Waiver Form

Enrolled participants, new hires and newly eligible participants waiving HealthFlex plan (Plan) coverage must declare why they are declining coverage (see Part 3 of this form). Participants who are declining coverage for certain reasons—as allowed under the Plan and permitted by their Plan Sponsor—do not trigger the Plan’s mandatory charges under its Preferred Risk Pool.*

Part 1 – Participant/Plan Sponsor Information

Participant name _____ Social Security # _____
 Legal address _____ Primary phone # _____
 _____ Alternate phone # _____
 Marital status: ☐ Single ☐ Married ☐ Divorced ☐ Widowed Effective date of marital status _____
☐ Civil Union/Domestic Partnership¹
 Conference/Plan Sponsor/Employer(s) _____ Employer(s) # _____
 Membership: ☐ Clergy ☐ Lay Date of hire _____
 Appointment/Employment status _____ Effective date _____
 Percentage of employment: ☐ Three-quarters-time (30-39 hours per week) ☐ Full-time
 Reason for declining health coverage* _____ Event date _____
 [Please use numbered reasons listed in Part 3 (next page) and write in space provided above.]

¹ Same-sex civil union partners or legal domestic partners of lay employees in states that have established civil unions or comprehensive state domestic partnerships if the plan sponsor has elected to provide such coverage through Exhibit D to its adoption agreement.

Part 2 – Declination of Health Coverage

If you are declining to cover yourself (and by doing so, any eligible dependents) in HealthFlex as offered by your Salary-Paying Unit (employer), it is important that you understand certain plan rules. By declining health coverage, you are declining coverage for the balance of the current plan year (calendar year) and all subsequent plan years unless you enroll for such coverage during a subsequent Annual Election period for coverage commencing on the following January 1. In certain circumstances, you may be able to enroll for coverage for yourself or eligible dependents prior to a subsequent Annual Election period. These circumstances include losing eligibility for the advanced Premium Tax Credit under the Affordable Care Act (ACA), or due to marriage, birth, adoption or legal guardianship, or loss of other health insurance as provided under the Health Insurance Portability and Accountability Act of 1996 (HIPAA) and change of status rules under HealthFlex. If you understand the above and still wish to decline coverage for yourself and any eligible dependents, sign on the “Participant Signature” line below.

I hereby acknowledge that in executing this document I am declining coverage in HealthFlex and releasing Wespath, its constituent corporations, directors, officers, attorneys and employees for liability to me, my spouse, my alternate payee, my heirs, named beneficiaries or successors in interest, for any damages which result from any action or omission taken in reliance on this instrument.

Participant signature _____ Date _____
 Plan sponsor signature _____ Date _____

* No participant signature is required for a waiver under 5b (next page).

Part 3 – Reason for Declining HealthFlex Coverage

[Please add the appropriate reason (number) under Part 1 (page 1) of this form.]

Participant declines coverage due to the following reason:

1. Enrollment in coverage through former or current employer
2. Enrollment as a dependent in your spouse's employer-provided coverage
3. Enrollment in Champus/TRICARE
4. Enrollment in Medicaid or Medicare**
- 5a. Coverage under HealthFlex through your local church (Salary-Paying Unit) through your Plan Sponsor (Annual Conference) is considered unaffordable² under the ACA.

Participant is not offered or provided HealthFlex coverage by the local church (salary-paying unit) through the Plan Sponsor.

5b. The participant has no offer of employer-provided coverage under HealthFlex.

Note to Plan Sponsors: Participants who are made ineligible for HealthFlex—through agreement between the Plan Sponsor and Salary-Paying Unit (e.g., local church), through a sub-adoption agreement or otherwise, i.e., by Salary-Paying Unit ceasing to participate in the Plan Sponsor's multiple employer plan provided through HealthFlex—are also excluded from the Preferred Risk Pool's mandatory charges, if the participants qualify for a Premium Tax Credit in the Affordable Care Act's Health Insurance Marketplace (exchange). In such cases, the Plan Sponsor can indicate the names of such participants and provide, upon request of Wespeth, evidence of such termination by the Salary-Paying Unit. *Option 5b, above, should be selected in these cases.*

² Coverage is not "affordable" under the ACA if the cost to you as a participant for individual or "self-only" coverage (the personal contribution you make toward the premium) in 2023 exceeds 9.12% of your modified adjusted gross income (MAGI, your taxable household income). In cases where individual coverage through HealthFlex would cost you more than 9.12% of MAGI, you may decline that coverage.

** Note: Waiver of group health plan coverage because of Medicare enrollment requires participant affirmation that he or she has not been encouraged or incentivized to waive the group health plan (if the group health plan would otherwise be primary to Medicare).