DEPARTMENT OF HUMAN RESOURCES

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(530) 283-6444 Main Line; (530) 283-6160 Fax
Email: Humanresources@countyofplumas.com

Nancy Selvage
Human Resources Director

SSN# XXX-_____-XXXX (for filing purposes)

I,_____would like to opt out of the

CalPERS **Operating Engineers**
(Circle one)

insurance and receive up to $100.00 per pay period for 24 (twenty-four) pay periods. I understand that if I do not work full-time (80 hours) in a pay period that this benefit will be prorated according to the Personnel Rule 21.04.

_____I understand my employer is offering me a qualified offer of coverage for health insurance that meets the Patient Protection and Affordable Care Act minimum value standards. My employer has offered my dependent(s) up to age 26 minimum essential coverage (MEC) health insurance coverage if I choose.

Monthly "self-only" rate for MEC Health Insurance: $_____

Informed Consent for Release of Health Insurance Information:

Please initial each paragraph:

_____ I understand that I am requesting to participate in the opt-out program because I have other Health Insurance meeting minimum value (MV) and affordability standards under the Patient Protection & Affordable Care Act (ACA).
My health insurance covers: ☐ Self Only ☐ Spouse ☐ Dependents

_____I understand that I am required to submit proof of health insurance by providing a copy of my current health insurance card and will update my proof of opt-out on a semi-annual basis. I further acknowledge that I am required to notify the Plumas County Human Resources Department **within 14 (fourteen) days** if my health insurance is terminated.

_____I understand proof of my Medical Insurance Coverage will be released to the Plumas County Human Resources Department upon request by using this signed Informed Consent form.

_____I consent to my Health Insurance provider releasing information regarding my Health Insurance coverage current standings and its MV calculator measures of coverage as defined 45CFR 156.140(b) of the ACA.

I read every paragraph carefully and understand it well. By signing this form I am agreeing to the terms stated above.

_____ _____

Signature Date

_____

Witness