VWASIG	EMPLOYEE BENEFITS 2020 OPT-OUT ATTESTATION FORM

EMPLOYEE INFORMATION

Name		Social Security Number	
Street Address	City	State	Zip
Date of Birth _____/_____/_____	Telephone Numbers Home ( ) Work ( )		Employer Name and Address
Marital Status ☐ Single ☐ Married ☐ Divorced ☐ Widowed ☐ Separated	Marital Status Date		

VWASIG HEALTH BENEFITS OPT-OUT ELECTION

Complete this section if you are eligible for the Opt-Out Program

Employees must attest below that they are covered under other employer-sponsored group health insurance coverage other than VWASIG as of the opt-out effective date, to be eligible for the Opt-Out Program. **Forms can be faxed to 419-968-2227 or mailed to Lincolnview Local Schools Attn: Troy Bowersock 15945 Middle Point Road Van Wert, OH 45891.**

☐ I am electing to opt out of medical coverage as a Cafeteria Supervisor in exchange for a $1,500.00 taxable amount (if eligible).

To qualify, please complete the form below and include a copy of proof of other coverage (generally a copy of the front and back of your insurance card or letter from the other employer plan).

Name of Covered Employee: _____ Covered Employee's Date of Birth : _____

Covered Employee's SSN: _____ Name of Covered Employee's Employer : _____

Effective Date of Alternate Health Insurance Coverage : _____

_____

Name and Address of Alternate Health Insurance Coverage : _____

_____

ATTESTATION

All employees complete this section

I have read the Opt-Out Program materials and instructions and I attest to the following:

- I am covered under another employer-sponsored group health plan other than the VWASIG Plan that is in effect as of the opt-out effective date and have provided my alternate plan information.
- I understand that I must promptly report changes to information I have provided above which may impact my eligibility.
- I understand that this election is for 2020 only.
- I meet the qualifications to elect the Health Insurance Opt-out Program.

Employee's Signature **(Required)**_____ Signature Date **(Required)**_____