



## Change Waiver Status or Waive Medical Insurance

Check the appropriate box(es), sign, date, print and submit to Human Resources:

- I elect to use Santa Barbara Community College District (SBCCD) funds to purchase medical insurance coverage and to **stop my current waiver of medical insurance.**

To waive Medical Insurance, skip the first part and continue with the certification to waive Medical Insurance by, after reading, placing a check mark in the two boxes below and completing the remainder of the form:

- I elect not to use Santa Barbara Community College District (SBCCD) funds to purchase medical insurance coverage for myself, and elect to take my SBCCD fringe benefit allowance as cash-in-lieu\*, which will be included in my paycheck and taxed as ordinary income, in accordance with Internal Revenue Code Section 125.
- I hereby certify that my dependents and I do have comparable coverage for the specified college year. I hereby authorize the District to contact the insurance company and verify my medical coverage.

Name of Insurance Company: \_\_\_\_\_

Coverage Provided By (attach copy of proof): \_\_\_\_\_

Spouse's Name: \_\_\_\_\_

Names of Dependents: \_\_\_\_\_

**IMPORTANT:** Employees who are waiving medical coverage and who will be retiring during this school year **must** enroll in the District medical plan during this Open Enrollment in order to participate in the District medical plan at retirement. Please contact Human Resources for additional information.

Beginning with the benefit year 1999-2000, employees who are taking the medical waiver for the first time may not elect Delta Dental coverage. However, they may enroll in Golden West Dental.

---

Your election will remain in effect and cannot be revoked or changed during the plan year, unless the revocation and new election are on account of and consistent with a change in family status (i.e. marriage, divorce, death of spouse or child, birth or adoption of a child, loss of dependent status), increase or decrease in working hours, or loss of other health insurance due to loss of eligibility. Written notification must be made within 30 days of the event and submitted to Human Resources.

Print Name: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

\*Cash-in-lieu: If the total cost of the mandatory benefits is less than the District's maximum allocation, then the remainder shall be relinquished to the District, except for those who are waiving coverage. If you waive medical insurance, you will receive cash-in-lieu of the District Allocation, minus the cost of the mandatory life and disability insurance and minus the cost of Golden West Dental, if elected.