

**Eastern Michigan University  
Health Care Plan Waiver of Coverage Form**

<b>Employee Name (Last, First, MI)</b>	<b>E#</b>
	<b>E Class</b>

By my signature below, I hereby waive, for myself and each of my dependents, all eligibility for and/or participation in Eastern Michigan University's group medical insurance plans effective January 1, 2017, or my 2017 benefits-eligibility date, if later than January 1, 2017.

**I understand and acknowledge that:**

- A. I am eligible for and have been offered the opportunity to participate in an EMU-sponsored health care plan.
- B. This waiver will remain in effect until I elect medical insurance coverage under a Health Care plan during a future Eastern Michigan University Open Enrollment period (provided I am employed in a benefits-eligible category at the time), or I enroll in an Eastern Michigan University Health Care plan within 30 days of experiencing a qualified change in status as defined by IRS rules and regulations.
- C. If I am in the Clerical/Secretarial (CS), Food Service/Maintenance (FM), Campus Police (CP) Faculty (FA), or Lecturer (LE) employment classification, I may be entitled to a Health Care Waiver Payment ("Waiver Payment")\* if I am participating in another medical insurance plan (other than EMU's) during the entire period when this waiver is in effect. I am currently participating in the following medical insurance plan.
- D.

<b>Plan Name:</b>
<b>Name of Employer Providing Health Plan Coverage:</b>
<b>Employer Address:</b>
<b>Employer City, State, ZIP:</b>
<b>Employer Phone Number:</b>

Waiver Payments are subject to the terms and conditions set forth in the Agreements between Eastern Michigan University and its various non-bargained-for and bargaining units as they may be revised or amended from time-to-time.

<b>Employee Signature</b>	<b>Date</b>
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\***Waiver Payments** (paid annually divided evenly over each pay)

FM, LE Employees- \$1,200/ FA, CP Employees- \$2,000/ CS Employees- Max allowed by law, not to exceed \$2,000