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ATTESTATION OF ENROLLMENT
IN A NON-MCSIG EMPLOYER GROUP HEALTH PLAN

Employee Name: ____________________________ Work Phone:____________________

Work Location: _____________________________ Email:_________________________

This form applies to individuals who participate in the MCSIG CompleteCare and who waive coverage in the MCSIG Health Plan.

To participate in this program, employees, spouses, and dependents, who are not enrolled in the MCSIG Health Plan, must provide proof of enrollment in a non-MCSIG employer group health plan. By signing below, I certify that:

-- MCSIG has offered me a group health plan that does not consist solely of "excepted benefits" under the Patient Protection and Affordable Care Act of 2010 ("PPACA").

-- I am enrolled in a group health plan of another employer (such as my spouse's employer) that does not consist solely of "excepted benefits" under PPACA (such as limited-scope dental or vision coverage), nor does it consist solely of a "health reimbursement arrangement" (reimbursement of health care expenses up to a dollar limit).

-- I understand that by enrolling in this MERP, I am waiving participation in the MCSIG Health Plan.

For confirmation that the other plan meets the IRS's definition of minimum value and does not consist solely of an HRA, please contact the benefits coordinator at the other employer.

I further certify that my alternate coverage is not:

- a high deductible health plan (HDHP) with active contributions to a health savings account (HSA)
- Medicare or Tricare (retiree only), Medicaid
- Health Insurance Coverage made available thru the Affordable Care Act
- Individual Policy
- Limited Benefit Health Plans

_______________________________________ ___________________

Employee Signature Date

_______________________________________ ___________________

Spouse's Signature Date

For more information, please contact J & K Consultants, Inc. @ 877-872-4232

PLEASE COMPLETE THIS FORM AND SEND TO LISA MARTINEZ, ELIGIBILITY COORDINATOR VIA FAX, EMAIL OR MAIL:

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Toll Free Fax 877-599-3724