Santa Clara University

Health Insurance Waiver Form

Name:	Department:
Address:	City/State/Zip:
Phone Number:	Work Phone Number:
☐ Documentation Attached	

I understand that Santa Clara University provides $150.00 per month to employees who are eligible to waive their health insurance coverage and who provide proof of other health coverage in a timely manner. I further understand that the amount provided will be in the form of cash added to my gross wages. This will be taxable income and included in my semi-monthly pay.

I wish to waive the medical insurance offered by Santa Clara University and do so by signing below. I am waiving the medical coverage offered to me by Santa Clara University due to having other group medical coverage.

I understand that this Waiver Form and proof of other coverage must be received in the Department of Human Resources by the last day of the month in which I am eligible for coverage. I also understand that if I do not provide proof of other coverage within this timeframe, I will not receive the monthly sum. Proof of other coverage may include: a letter from other/spouse/domestic partner employer or a letter from alternative insurance carrier/s showing current coverage. Documentation must include effective date and list of covered members.

By signing this form, I am aware that I am making a binding election for my health coverage for the current plan year. I understand that I may not change my health care elections during the current plan year unless the changes are a result of – and consistent with – changes allowed under the IRS Code and insurance carrier contracts.

If coverage under my other group health plan is lost during the year, I understand that I may enroll myself, and if applicable, my eligible dependents in the health plan offered by SCU. I understand that in order to do so, I must contact the Department of Human Resources by the end of the month in which coverage was lost. If I do not meet this requirement, I must wait until the next open enrollment period to enroll. In addition, the monthly $150 waiver credit will be discontinued.

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Employee Signature Date Signed

Please return signed form and proof of other coverage to the Department of Human Resources

Updated 1/30/2019