The Episcopal Church Medical Trust
Waiver of Health Benefits
Health Insurance Marketplace

Employee Information (Employee Should Complete)

Employee Last Name	Employee First Name	
Employee Address	Employee Phone Number	
Employee City	Employee State	Employee Zip
Employee Email Address	Current Household Size*	Annual Household Income*
Current Medical Trust Health Plan	Medical Trust Plan Termination Date	

*Insert the Household Size and Annual Household Income you used on your Marketplace Application.

Employer Information (Employer Should Complete)

Employer Name	Employer Identification Number (EIN)	
Employer Address	Employer Phone Number	
Employer City	Employer State	Employer Zip
Employer Email Address		
Current Contribution towards Employee Health Coverage (Enter employer monthly contribution)		

Employee Acknowledgement

By signing below, I acknowledge
- I have been offered health benefits coverage through the Denominational Health Plan from my employer.
- I *decline enrollment/am terminating my current coverage* at this time because I am purchasing a health plan through the local health insurance Marketplace and can establish that I am eligible to receive a premium tax credit.
- By purchasing a health plan through the local health insurance Marketplace, I understand that I forfeit (1) any employer contribution, if any, to a health plan through the Denominational Health Plan and (2) the pre-tax treatment of any personal contribution towards the cost of health coverage.
- I understand that if my household income increases during the year, I may be required to pay back all or a portion of the premium tax credit to the government.
- I acknowledge that there may be other financial considerations and personal tax consequences resulting from this decision and I acknowledge that I have been advised to consult with my tax advisor at my own expense prior to executing this form.

Employee Signature	Date

Note to Employee: This form and the requested documentation must be returned to your group administrator so that your health benefits through the Denominational Health Plan may be cancelled in a timely manner.

**EPISCOPAL CHURCH
MEDICAL TRUST**

Health Insurance Marketplace Information
(Please attach a copy of documentation obtained from Marketplace)

Carrier Name	Policy Number	
Monthly Premium	Projected Premium Tax Credit	
Coverage Level (Single, Family, etc)	Plan Type	Coverage Effective Date

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