EPISCOPAL CHURCH MEDICAL TRUST

Reset

Waiver of Health Benefits
Health Insurance Marketplace

Employee Information
Employee should complete

Last Name First Name

Address

City State Zip

Phone Cell Phone

Email

Current Household Size* Annual Household Income*

Current Medical Trust Health Plan Termination Date

**Insert household size/annual household income from your Marketplace Application.*

Employer Information
Employer should complete

Organization Name

Employer Identification Number (EIN)

Address

City State Zip

Phone Email

Current monthly contribution towards Employee Health Coverage

Employee Acknowledgment

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 either the federal or state health insurance Marketplace and can establish that I am eligible to receive a premium tax credit.
- By purchasing a health plan through either the federal or state 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

Health Insurance Marketplace Information
Attach a copy of documentation obtained from Marketplace

Carrier Name Policy Number

Monthly Premium Projected Premium Tax Credit

Coverage Level ☐ Single ☐ Family

Plan Type Effective Date

Please return this form and the requested documentation to your diocesan administrator so that your health benefits through the Denominational Health Plan may be canceled in a timely manner.