



Employee Name (Last, First): _____

RCUH ID: _____

RCUH Group Health Insurance Waiver Form (B-5W)

(for Regular, Relief, and Non-Regular benefits-eligible status employees 50% FTE or greater for Plan Year: July 1, 2022 – June 30, 2023)

Current Employees: Upload form and supporting documentation to RCUH Employee Self Service via eUpload Section.

New Hires: Please submit form to rcuh_employment@rcuh.com

In compliance with the Patient Protection Affordable Care Act (ACA), employees who are currently waiving health benefits must submit this form to RCUH Human Resources as an acknowledgement of the offer of health insurance and agreement that they are opting to waive health coverage. As a condition of employment or continued employment, an employee deemed eligible for the RCUH medical plan must elect or waive health insurance coverage with the RCUH. The RCUH reserves the right to deny an employee's continued employment for non-compliance of our election/waiver of medical coverage requirement.

SECTION I: WAIVE Medical Health Insurance: I am waiving coverage because (select an option):

I prefer not to have coverage (I am declining health insurance entirely).

I am covered as a dependent under a qualified health plan.

I am covered by a Federally established health insurance plan (e.g., Medicare, Medicaid)

A recipient of public assistance or covered by a state-legislated health care plan (e.g., MedQuest).

A follower of a religious group who depends upon prayer or other spiritual means for healing.

SECTION II: Employee Certification: By signing this waiver form, I am acknowledging:

- I understand that RCUH has given me an opportunity to enroll in RCUH's Medical Plan for my eligible beneficiaries and myself but I am voluntarily declining enrollment as indicated above.
- I understand that by declining RCUH's Medical Plan at this time, I can only enroll in the future during RCUH's Open Enrollment Period or due to a Qualifying Event as defined by RCUH's Policy 3.520 RCUH Health Plans.
- I understand that I and (if applicable) eligible dependents will be ineligible for the Premium Tax Credit (PTC), since medical coverage was offered through RCUH (employer-sponsored coverage).

Employee Signature: _____

Date: _____

Questions? Contact RCUH Employee Benefits: Phone: (808) 956-6979 or (808) 956-7055 or Email: rcuh_benefits@rcuh.com