

Waive OSU-Paid Employee Health Insurance for 2009

For continuous regular OSU employees (.75 FTE or greater) in 2009, OSU pays \$346.30 per month toward the cost of health insurance premiums (amount of BlueChoice PPO coverage). OSU employees who do not wish to be covered by OSU health insurance because they have other employer group coverage with a spouse or former employer or because of religious reasons may waive coverage. Employees cannot be covered under their spouse's health insurance if their spouse is also employed with OSU. If an employee meets the qualifications and waives OSU health insurance, the \$346.30 per month will be contributed into a flexible spending account which can be used for out-of-pocket unreimbursed medical expenses and/or dependent day care costs. This contribution to flex account is a tax-free benefit.

OSU discourages employees and their families from the possibility of being uninsured. A medical situation can become financially devastating if insurance is not available for the costs of treatment. Employees who waive OSU-paid health insurance should seriously consider the following ramifications:

- Family members cannot be covered on an OSU health insurance plan unless the employee is covered by the same plan.
- If you fail to maintain other group coverage, you are subject to the pre-existing condition limitation upon re-enrollment which could greatly limit benefits.
- If you lose other group coverage, you are required to notify Employee Services within 30 days of the change.

Valid reason for waiving OSU-paid health insurance:

- I have coverage through my spouse's employer, my former employer, or one of the federal or state sponsored insurance plans (i.e., COBRA, military, Indian Health, Medicare, Medicaid, SSA, Veteran's Administration) and wish to waive OSU employee health insurance.

My health insurance provider is: _____
(Policy # _____)

- Because of religious reasons, I wish to decline OSU employee health insurance

I understand that I may be required to provide documentation of the above reason when requested and that I must notify Employee Services within 30 days of any change. I have read this document carefully. I understand and accept the consequences of waiving my OSU health care insurance.

I acknowledge I will need to complete a new waiver form for each plan year.

My waived healthcare premium monthly amount of \$346.30, should be contributed to:

Dependent Daycare Account: \$ _____ monthly Annual Goal amount: \$ _____

AND/OR

Flexible Spending Account : \$ _____ monthly Annual Goal amount: \$ _____

Campus Wide ID: _____ Print Name: _____

Employee Signature: _____ Date: _____

OSU Human Resources USE ONLY:

Coded by: _____ Date: _____