

W A I V E R

HEALTH COVERAGE - 2025

This form is to be completed by all City of Portage employees who do not elect the City of Portage health insurance benefits.

I, _____, the undersigned, understand that I am eligible for a
(print last name, first name)
qualified health plan, according to the Affordable Care Act, through the City of Portage. By execution of this waiver form, I hereby waive my rights to health coverage by checking the appropriate box below, signing and dating this form. I understand that if I should want such coverage in the future, I may be required to wait until the next open enrollment period to enroll (if there is not a qualifying event).

I further understand that if I do not have other health insurance benefits or coverage through a spouse or family member, I will be subject to the Affordable Care Act, and any financial penalties associated with not having health insurance benefits.

I understand that this waiver does **not** affect my eligibility for health insurance benefits as a result of my obtaining coverage as the dependent of another City employee under a City of Portage health plan.

I understand that my eligibility for obtaining coverage for the City's Dental or Vision plan is **not** restricted by my decision on the City's Health plan. Further, I understand that my eligibility for supplemental insurance is **not** affected by a decision to opt-out of health coverage.

I understand that I am **not** eligible for the HSA benefit for employees electing to be covered by the City's Health Plan.

If you have any questions about this form, contact the City Administrator at ext. 108.

I elect to waive my health coverage for the calendar year of 2025 (check if applicable)

I am waiving my Single plan _____

I am waiving my Family Plan _____

REASON FOR HEALTH WAIVER (please check 1 of 3)

1 Married to other City employee, or I have a Parent who is a City Employee (under 26):
Spouse or Parent Name: _____

2 Refusal of Coverage (subject to Affordable Care Act provisions, as outlined above)

3 Other Coverage (not through City of Portage, ex: spousal health plan, parent, etc)

EMPLOYEE SIGNATURE: _____ DATE SIGNED: _____

NOTE: Return this form to City Clerk by no later than November 8, 2025

See Back Side for Incentive Payment Information

Updated 10.16.24

Incentive Information

Policy for 2025, Adopted by City Council:

*“Full time employees who elect to “opt-out” of the City’s healthcare plan for 2025, and who have an alternative qualified health plan to enroll in, shall receive a pro-rated incentive payment included in their bi-weekly payroll. The total incentive payment shall be up to **\$1,500 annually for a qualified single plan and \$3,000 annually for a qualified family plan.** The incentive payment shall start with the first payroll of 2025 and end with the last payroll of 2025. Further guidance on eligibility shall be included on the “opt-out” waiver form drafted by City Staff and Legal Counsel. The City Administrator shall be the sole arbiter of implementation.”*

Key Criteria and Rules:

- Employees eligible for incentive amount they qualify for, meaning; if you have a spouse and dependents, you would be eligible for the family incentive. If you do not have a spouse or dependents, you are only eligible for the single incentive.
- If you have a spouse who is also a City of Portage employee, your family is eligible for only one incentive if both spouses opt-out. Eligibility in this scenario would be quite rare.
- Employees under 26 and have a Parent who is a City Employee, eligible for Health Care, are entitled to an incentive **only** for the single plan
- Employees who plan to retire in 2025 are eligible to receive payment up to the date of official retirement.
- Administrator has been granted authority to be sole arbiter of implementation and interpretation of rules, via the Common Council on October 10, 2024.