



## City of Alameda • California

# Health Insurance Waiver Form

Under the current Patient Protection and Affordable Care Act regulations, the City of Alameda is required to offer affordable health insurance coverage options to employees who are hired to work on average 30 hours per week.

You are not required to enroll in a health plan offered by the City of Alameda, but if you elect to opt out of coverage, you are required to show proof annually that you have health coverage through other means. Proof of coverage or completion of the certification below by a Health Officer of the contracting company or organization is required.

If you elect to opt out of the City's health plan, please sign, date, and return this form to the Human Resources Department, along with the required documentation.

Employee Name	
Title	
Department	

I understand that I am eligible to enroll in a health plan offered by the City of Alameda. I wish to waive enrollment and agree to provide proof of coverage on an annual basis. In the event that I lose my alternative health coverage, I agree that I will immediately notify the Human Resources Department, and I will enroll in the health coverage available to me.

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date

Certification of Other Coverage		
This is to certify that _____ is currently insured by (Name of Employee)		
_____ in the following manner: (Medical Insurance Plan Name)		
_____ (Name of Insured Sponsored)	_____ (Relationship)	_____ (Effective Date of Coverage)
_____ (Signature of Health Officer)	_____ (Date of Signature)	_____ (Telephone Number)
_____ (Title)	_____ (Agency/Business Name)	

*Human Resources Department*  
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