

HEALTH INSURANCE ACKNOWLEDGEMENT FORM

For Variable Temporary Employees



THE CUSTOM GROUP OF COMPANIES HEALTH INSURANCE COVERAGE SUMMARY

The Custom Group of Companies is pleased to offer you two different health insurance plans from which you can choose coverage. Providing you with access to choose from these plans will avoid you incurring any penalties under ACA.

I have been informed by Custom and received information about the health insurance plan options available to me for calendar year 2016 and I understand the following with respect to these health insurance options.

- You are currently eligible for Minimal Essential Coverage (MEC) only
- If I start out as a “variable” employee (working less than 30 hours per week or 130 hours per month) and my status changes to full time I will at that time be eligible for Care Connect health insurance. At that time please call your counselor at Custom.
- If I am eligible and choose to enroll in one of the health insurance plans being offered. I understand that it is my responsibility to enroll within 60 days of the first day of my assignment so that coverage can begin no later than the 90th day.
- If I elect to enroll in a health plan the completed application must be returned to Custom via the following email: _payroll@customstaffing.com

Plan Name	Weekly Cost	Monthly Cost
MEC Plus	\$16.81	\$72.85
MEC Plus Advantage	\$28.56	\$123.75

WAIVER OF HEALTH INSURANCE COVERAGE FOR 2016

I am interested in enrolling for the health benefits plan offered by The Custom Group. I understand that it is my responsibility to submit the enrollment forms within 60 days of employment to _payroll@customstaffing.com

I acknowledge that I was given the opportunity to enroll in one of two (2) group health benefit plans offered by The Custom Group of Companies and I have chosen to refuse coverage for the reason checked below (check one):

Spousal Waiver (coverage sponsored by my spouse’s employer)

Parental Waiver (coverage sponsored by my parent(s))

Covered by: Medicaid Medicare Veterans Coverage

Covered by another health benefit plan on the NYS Health Exchange

Other Reason: _____

I understand that I or my dependents may have to wait for next Open Enrollment Period to be enrolled in one of these health plans.

ALL EMPLOYEES SIGN HERE:

PRINT NAME: _____ DATE: _____

SIGNATURE: _____