CITY OF MAUMEE
HEALTH CARE SELECTION / WAIVER FORM
2010

PRINT NAME ______________________________ EMP. NO. ________________

SSN ______________________________ DOB ______________________

Health Plan Selection:

Single ______ Family ______

Dependents (if applicable):

Name	Relationship	Date of Birth	Social Security No.
1.	.	.	.
2.	.	.	.
3.	.	.	.
4.	.	.	.
5.	.	.	.
6.	.	.	.
7.	.	.	.

I hereby elect coverage noted above and authorize the necessary payroll deduction. I understand the deductions will be made in the month prior to the month of coverage.

Employee Signature ______________________________ Date ________________

Waiver of Coverage:

I hereby waive health care coverage (or have elected reduced coverage as noted above) available from my employer, the City of Maumee. I am eligible for __ Single __ Family (check one) coverage. (If Family is checked, dependents must be listed above).

I understand that the next open enrollment period will be for coverage to be effective January 1 through December 31, 2011.

Employee Signature ______________________________ Date ________________

PLEASE NOTE: ALL employees must read, complete, and sign the AFFIDAVIT OF SPOUSAL COVERAGE located on the back of this form. The affidavit MUST be notarized. Notaries are available in the Income Tax, Utility Billing, and Finance offices weekdays between 8am and 5pm.

AFFIDAVIT OF SPOUSAL COVERAGE
2010

State of Ohio :
: Affidavit
County of Lucas :

Now comes ______________________________ *(print name)*, an employee of the City of Maumee, Lucas County, Ohio, who being first duly sworn, deposes and states as follows:

1. I am currently an employee of the City of Maumee, and subject to the provisions of a Collective Bargaining Agreement with the City or subject to the provisions of a City Ordinance governing non-bargaining unit employees or subject to the provisions of the Personnel Rules for the Maumee Municipal Court as indicated below:

   Check the applicable option:

   ☐ AFSCME American Federation of State, County and Municipal Employees

   ☐ FOP/OLC Fraternal Order of Police, Ohio Labor Council

   ☐ IAFF Maumee Professional Fire Fighters / Paramedics Association

   ☐ Administrative Support Personnel

   ☐ Management & Supervisory Personnel

   ☐ Maumee Municipal Court Personnel

2. Pursuant to the provisions governing health insurance, I am seeking the following coverage:

   Please initial on the line next to the applicable coverage:

   __________ Family coverage including my spouse, ______________________________ *(print name). I* hereby certify that my spouse is either not employed, or is not eligible for and does not have health care coverage, *at a premium cost of $25 or less*, from another employer.

   __________ Family coverage excluding my spouse, ______________________________ *(print name). I* hereby certify that I do not have a spouse or my spouse is employed and is eligible for health care coverage, *at a premium cost of $25 or less*, from another employer.

   __________ Reduced coverage (eligible for Family coverage but opting for Single coverage).

   __________ Single coverage.

   __________ Waive health insurance coverage through the City of Maumee.

3. I agree to notify the City of Maumee of any change in status of any of my dependents or spouse which would render them ineligible for coverage under the terms of the City's insurance plan (i.e. *qualifying event* such as emancipation, marriage, divorce, employment change for spouse resulting in change of available insurance coverage, etc.) within fourteen (14) days of such occurrence. If such notification is not made, I understand that I will be responsible for refunding to the City of Maumee the amount of any premiums paid and / or benefits received under the City of Maumee health care plan for my dependent or spouse during the period in which the dependent or spouse was not eligible for coverage under the terms of the City's insurance plan. I further understand that if such timely notification is not made, I may also be subject to disciplinary action.

FURTHER AFFIANT SAYETH NAUGHT.

____
Employee Signature

Sworn to and subscribed in my presence this __________ day of ____________________, 2009.

____
Notary Public