



City of Eugene Health Insurance Opt-Out Notification

City of Eugene employees may “opt-out” of City-provided health insurance coverage (medical, dental, and vision), *with proof of other coverage*. The proof (in the form of a copy of wallet ID from another insurance carrier or similar documentation) must be attached to this form.

- I waive all health (medical, dental, and vision) coverage as an employee (primary subscriber) through the City of Eugene at this time. I have attached proof of other coverage. I understand that if I waive coverage at this time, I must wait until the next Health Insurance Open Enrollment period to re-enroll unless I meet the criteria under “Special Enrollment - Loss of Other Coverage.” (Additional information on special enrollment due to loss of other coverage is available in the Employee Benefits Handbook at www.eugene-or.gov/employeebenefits, or from Benefits Staff.)

I further understand that waiving coverage as an employee does not affect my eligibility to be covered as a dependent under a City of Eugene health plan.

Name of Employee (please print)

Employee ID

Signature

Date

Return this form and proof of other coverage to the Benefits Program in the Employee Resource Center at 940 Willamette Street, Suite 200 Eugene, OR 97401, or by email to BenefitsStaff@eugene-or.gov, or by fax to 541-650-3031.