



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 Risk Services; 940 Willamette Street, Suite 200 Eugene, OR 97401.

Benefits Use Only

Bargaining Unit

AFSCME EPEA IAFF IAFF-BC Non Rep IATSE

Effective Date: _____ Deduction Begin Date: _____ Data Entry Initials/Date: _____ Reviewed: _____