



Part-Time Employee Opt-Out/Waiver of Insurance Coverage

If you would like to waive the medical, dental, and/or vision coverage offered to you by the City of Tacoma, you must sign this “Waiver of Insurance Coverage” form and return it to the Human Resources Department Benefits Office within 30 days of your eligibility date. It is recommended that you keep a copy for your personal records.

If you choose to waive one or more of these benefit plans, you will not be able to make a change until the next annual Open Enrollment period or sooner if you experience a qualifying life event. Examples of a qualifying life event include, but are not limited to:

- Marriage, establishment of a domestic partnership, termination of domestic partnership, divorce or legal separation
- Gaining a dependent by birth, adoption/placement of adoption for a child, addition of a stepchild or obtaining legal guardianship of a child
- Losing a spouse, domestic partner or dependent through death
- Loss of other coverage
- Change from part time to full time employment status

Waiver Agreement: *(Each box must be checked)*

- I understand that I have the right to decline the medical, dental, and/or vision insurance coverage offered to me by the City of Tacoma.
- I understand that if I choose to waive my medical, dental, and/or vision insurance coverage, I cannot enroll in the City of Tacoma medical, dental, or vision insurance plans until the next annual Open Enrollment period or sooner if I experience a qualifying life event. In which case, I must contact the Human Resources Benefits Office to enroll for coverage within 30 days of the qualifying life event.
- I hereby waive the following coverage offered to me by the City of Tacoma (please check all that apply):

Medical

Dental

Vision

Name: _____
(Please print)

Employee No: _____

Signature: _____

Date: _____