

GROUP HEALTH INSURANCE WAIVER

City of Rexburg

35 N 1ST E
Rexburg, ID 83440

www.rexburg.org

Phone: 208.359.3020
Fax: 208.359.3022



CITY OF
REXBURG
America's Family Community

I acknowledge that I have been offered the opportunity to enroll in a group health insurance plan through the City of Rexburg, but I have elected not to enroll the following individuals listed below (please check all that apply and list each eligible family member's name). I attest that I have elected to take the insurance cost reimbursement option, and that I am currently part of a group medical plan that meets the federal requirements and provides minimum essential coverage and value.

___ Myself _____

___ My Spouse _____

___ My Eligible Child(ren) _____

I understand that qualified employees who decline coverage may reapply for coverage at the City's policy renewal date or at the time of loss of present coverage.

Printed Name

Signature

Date