



San Bernardino County
DECLINATION AGREEMENT FOR ESSENTIAL HEALTH PLAN
COVERAGE

PROCEDURE

The Patient Protection Affordable Care Act (PPACA) mandates that employers (the County) offer group sponsored medical plan coverage to employees regularly working full-time as defined by PPACA. By completing this form, employees are electing to decline enrollment in the County's group sponsored Bronze medical plan.

FORMS REQUIRED

Declination Agreement for Essential Health Plan Coverage

MANDATORY FIELDS

All

GENERAL INFORMATION

The Bronze medical plan will be offered to employees who are scheduled to work an average of 30 or more hours per week and are not eligible for other County-sponsored medical coverage.

EMPLOYEE RESPONSIBILITIES

- ◆ Complete form in its entirety
- ◆ Send original to EBSD - Mail Code 0440
- ◆ Retain copy for your files

PAYROLL SPECIALIST RESPONSIBILITIES

- ◆ Audit for completeness
- ◆ Send original to EBSD - Mail Code 0440 if submitted directly to you
- ◆ Retain copy for department file