

Waiver of Participation in Global Methodist Church Health Insurance Plan

GMC Health Insurance Mandatory Premium and Coverage Waiver Form Enrolled participants, new hires and newly eligible participants waiving Health Insurance plan (Plan) coverage must declare why they are declining coverage (see Part 3 of this form). Participants who are declining coverage for certain reasons—as allowed under the Plan and permitted by their Plan Sponsor—do not trigger the Plan’s mandatory charges under its Preferred Risk Pool.*

Part 1 – Participant/Plan Sponsor Information

Participant name _____

Social Security # _____

Legal address (street, city, state, zip) _____

Primary phone # _____ Alternate phone # _____

Marital status: Single Married Divorced Widowed Effective date of marital status _____

Current appointment (name of church or extension ministry) _____

Annual Conference _____

Membership: Clergy Lay Date of hire _____

Clergy Status (Elder, Deacon, Local Pastor, Supply, etc.) _____

GMC Employment date _____

Percentage of employment: Three-quarters-time (30-39 hours per week) Full-time

Reason for declining health coverage* _____

[Please use numbered reasons listed in Part 3 (next page) and write in space provided above.]

Effective date (date this waiver begins) _____

Part 2 – Declination of Health Coverage - If you are declining to cover yourself (and by doing so, any eligible dependents) in Health Insurance as offered by your Salary Paying Unit (employer), it is important that you understand certain plan rules. By declining health coverage, you are declining coverage for the balance of the current plan year (calendar year) and all subsequent plan years unless you enroll for such coverage during a subsequent Annual Election period for coverage commencing on the following January 1. In certain circumstances, you may be able to enroll for coverage for yourself or eligible dependents prior to a subsequent Annual Election period. These circumstances include losing eligibility for the advanced Premium Tax Credit under the Affordable Care Act (ACA), or due to marriage, birth, adoption or legal guardianship, or loss of other health insurance as provided under the Health Insurance Portability and Accountability Act of 1996 (HIPAA) and change of status rules under GuideStone Health Insurance. If you understand the above and still wish to decline coverage for yourself and any eligible dependents, sign on the “Participant Signature” line below.

I hereby acknowledge that in executing this document I am declining coverage in GuideStone Health Insurance and releasing GuideStone, its constituent corporations, directors, officers, attorneys and employees, as well as all divisions of the Global Methodist Church and its related entities for liability to me, my spouse, my alternate payee, my heirs, named beneficiaries or successors in interest, for any damages which result from any action or omission taken in reliance on this instrument.

Participant signature _____

Date _____

Participant: After completion, please provide the original signed ~~and notarized~~ form to your Presiding Elder who shall forward it to the Conference Office.

Accepted By:

Presiding Elder (Print Name): _____

Signature: _____ Date: _____

Conference Superintendent (Print Name): _____

Signature: _____ Date: _____

This waiver should be kept in perpetuity at the following locations:

- Original to be kept on file at the Conference Office.
- Copy to Pastor electing to waive participation in the Plan
- Copy to Presiding Elder
- Copy to Local Church
- Copy to the Benefits Office – bharris@globalmethodist.org

GM Church Benefits Office signature _____

Date _____

Part 3 – Reason for Declining Health Insurance Coverage [Please add the appropriate reason (number) under Part 1 (page 1) of this form.] Participant declines coverage due to the following reason:

1. Bi-vocational or retired from another profession and who have coverage through a current employer (not the church they are serving) or a previous employer (e.g., a teacher or Federal employee.)
2. Enrollment as a dependent in your spouse’s employer-provided coverage
3. Enrollment in Champus/TRICARE
4. Enrollment in Medicaid or Medicare**

**Note: Waiver of group health plan coverage because of Medicare enrollment requires participant affirmation that he or she has not been encouraged or incentivized to waive the group health plan (if the group health plan would otherwise be primary to Medicare)