



CITY OF SAN CLEMENTE

2024 Cafeteria Plan Medical Insurance Opt Out Certification Form

In order for you to continue to opt out of the City's medical insurance, the City requires that you have medical insurance coverage under another plan (a private plan, through a spouse, parents, etc.). **If you are not covered under another medical insurance plan, you will be required to enroll in one of the City's medical plans.**

During the annual open enrollment, in order to continue to opt out of the City's medical insurance, you will need to certify that you remain covered under a medical insurance plan outside of the City.

Please read the following statement and, if you agree, sign and date the form to serve as your certification that you (1) currently have coverage under a medical insurance plan and (2) will remain covered for the 2024 calendar year. Please be advised that proof of coverage must be submitted to Human Resources no later than January 31, 2024.

By signing below, I certify that I have medical insurance coverage outside of the City's plans, and that my coverage will remain effective for the 2024 calendar year. I understand that I may only opt out of the City's medical plans if I am covered elsewhere, and that if I lose coverage under my other medical plan, I will be required to notify the City's Human Resources Office immediately and enroll in one of the City's medical plans.

Printed Name

Signature

Date

HR USE:

Cc. EE _____

Orig. – EE File