



Open Enrollment     New Hire

# Archdiocese of St. Louis Health Insurance

## Employee Health Insurance Waiver Form for Plan Year July 1, 2023 - June 30, 2024

Office of  
Human Resources  
P) 314.792.7546  
F) 314.792.7548

humanresources@archstl.org

### Employee Instructions:

**Please complete this waiver form and email/mail/fax/drop off form to your employer's benefits administrator.** Your Benefits Administrator will submit forms through one of the following options:

- Email to the Office of Human Resources at: [humanresources@archstl.org](mailto:humanresources@archstl.org)
- Fax form into The Archdiocese of St. Louis – Human Resources at 314.792.7548

During Open Enrollment each year waivers should be elected when possible online through Employee Self-Service.

### Employee Acknowledgment:

*I acknowledge that I have been offered the opportunity to enroll in health insurance coverage through my employer.*

*I do not wish to enroll myself and any eligible dependent(s) in the Archdiocesan health plan at this time. I understand that I may enroll only during an annual open enrollment period or if one of my eligible dependents or I become eligible for a Special Enrollment Period as a result of a qualified change in status. Please see below for information about Special Enrollment Periods.*

Signature	Last Four Digits of SSN	Date
Printed Name	Employee Number	
Address	Employer Process Level#	
City	State	Zip Code
Email Address	Telephone	
Parish/School/Agency Name	Parish/School/Agency Address	

### Questions?

Please contact your employer or call the Office of Human Resources at **314.792.7546** or Email: [humanresources@archstl.org](mailto:humanresources@archstl.org).

### Employer Instructions:

Please make a copy of all waiver forms for your employment files. Once you have the waiver form from your employee, please send it to the Archdiocese Office of Human Resources via one of the following methods:

Email: [humanresources@archstl.org](mailto:humanresources@archstl.org)

Fax: 314.792.7548

### Special Enrollment Periods

To enroll under the Special Enrollment Period, the employee must request enrollment within 31 days after the loss of coverage or within 31 days of another qualifying event such as a marriage, divorce, birth, adoption, or placement for adoption.

#### • Loss of Other Coverage

The Plan will provide employees and/or their dependents a Special Enrollment Period if coverage is waived because the individual was enrolled in other group health plan coverage and the other coverage is lost involuntarily. To be eligible for this Special Enrollment Period you must identify the other coverage below.

D Coverage through spouse's employer's group health plan (or in the case of dependent children, coverage under their own employer plan).

D Coverage through state program (e.g. Medicare, Medicaid, CHIP, etc.)

Other \_\_\_\_\_

#### • Acquisition of New Dependent

If an employee acquires a new spouse or dependent by marriage, adoption, placement for adoption, or birth, the Plan will provide employees and/or their dependents a Special Enrollment Period. The Special Enrollment Period applies only to the employee, the employee's spouse, and the newly acquired dependent.

#### • Becoming Eligible for State Premium Assistance Subsidy

A Special Enrollment Period applies if the employee or an eligible dependent gains eligibility for a premium assistance subsidy under a state's Medicaid plan or Children's Health Insurance Program. The employee must request enrollment within 60 days after the eligibility is determined.

