

## Opt-Out Payment Attestation – Green Dot Public Schools Health and Welfare Plan

Green Dot Public Schools has offered me the opportunity to enroll in medical coverage under the Green Dot Public Schools Health and Welfare Plan, which constitutes minimum essential coverage (MEC) with minimum value as defined under the Affordable Care Act. Green Dot Public Schools also provides an opt-out payment in the amount of \$150.00 per month if I and my “expected tax family” will be covered by other MEC for the relevant period and if I complete this attestation.

I hereby certify that the following statements are true and correct:

- I am declining medical coverage under the Green Dot Public Schools Health and Welfare Plan for myself, my spouse and all tax dependents, if any, for whom I reasonably expect to claim personal exemption deduction on my federal income tax return (“expected tax family”)
- I and all other members of my expected tax family, if any, have or will have MEC that is NOT coverage obtained in the individual market or Health Insurance Marketplace for the period covered by the opt-out payment (as defined below)
- I understand and agree to the following:
  - The plan year under the Green Dot Public Schools Health and Welfare Plan is July 1 – June 30
  - The period covered by the opt-out payment is:
    - Through the end of the current plan year, if the declination of coverage is related to *initial enrollment*
    - Through the end of the next plan year, if the declination of coverage is related to *open enrollment*
  - If my employer knows or has reason to know that I or any other member of my expected tax family does not have (or will not have) the required alternative coverage, my employer is obligated to terminate the opt-out payment

\_\_\_\_\_  
Employee Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Employee ID