

***Educational Service Unit 8
Declination of Offer to Enroll in Health Insurance Program***

I, _____, knowingly and voluntarily decline to enroll or participate in the Educational Service Unit 8's (the "ESU 8") health insurance. Instead, I knowingly and voluntarily elect to accept a cash-in-lieu or "opt-out" payment of \$_____ (the "Cash-in-Lieu Payment"). In doing so, I swear and affirm, that the following are true and accurate:

1. I understand that, by declining to enroll in the ESU 8's health insurance, I may be assessed taxes, penalties or fines by the IRS for failing to have health insurance but, knowing this, I nevertheless decline to enroll in the ESU 8's insurance plan.
2. I, along with all other individuals for whom I reasonably expect to claim a personal exemption deduction for the taxable year or years that begin or end in or with the ESU 8's plan year to which the Cash-in-Lieu Payment arrangement applies (my "expected tax family") have or will have minimum essential coverage (other than coverage in the individual market, whether or not obtained through the Marketplace) during the period of coverage to which the Cash-in-Lieu Payment arrangement applies.
3. I understand that ESU 8 will not, under any circumstance, make any Cash-in-Lieu Payment to me if ESU 8 knows or has reason to know that I, or any other member of my expected tax family, do not have or will not have the alternative coverage.
4. I understand that, by declining to enroll in the ESU 8's health insurance program and, instead, electing to receive a Cash-in-Lieu Payment, that, subject to limited circumstances, I may not be eligible to enroll in the ESU 8's health insurance after the ESU 8's annual open enrollment period ends. I further understand and acknowledge that, if I lose my health insurance from the alternative source after the ESU 8's annual open enrollment period ends, I may not be able to enroll in the ESU 8's health insurance until the ESU 8's subsequent annual open enrollment period. Notwithstanding the foregoing, I still voluntarily and knowingly desire to forego health insurance through ESU 8 and elect to receive a Cash-in-Lieu Payment.
5. I recognize that, if ESU 8 is ever fined or penalized under the Affordable Care Act as a result of my declination to enroll in the ESU 8's health insurance, then ESU 8, in its discretion, may refuse to allow me to receive a Cash-in-Lieu Payment in the future.
6. If any of the statements in this document are not true or accurate, then I will inform ESU 8 before signing the document. If any of the statements in this document become untrue or inaccurate in the future, I agree to advise ESU 8 as soon as I am reasonably able to do so.

Dated this ____ day of _____, 2018.

[Print Your Name]

[Sign Your Name]