



**2024 Group Insurance Plan
Affidavit of Alternative Coverage/Refused Medical Coverage**

PLEASE CHECK YOUR SELECTION BELOW:

☐ I hereby elect to **OPT-OUT** of the medical, prescription drug, dental and vision insurance coverage available to me as a benefits eligible employee of Kent State University. In completing this affidavit, I verify I am adequately covered by other medical insurance as indicated below and expect to be covered for the entire year. I further acknowledge that I am waiving the health benefits for the entire calendar year and may not re-enroll in the plans during the year except by providing written notice to Kent State University benefits office that I have incurred a qualifying event that has caused me to lose coverage under the aforementioned alternative coverage. I understand that I am eligible to receive an opt-out incentive in the amount of \$100.00 per month.

☐ I hereby **REFUSE** the medical, prescription drug, and vision insurance coverage offered to me by Kent State University; however, I wish to elect the dental insurance coverage available to me as a benefits eligible employee of Kent State University. In completing this affidavit, I verify I am adequately covered by other medical insurance as indicated below and expect to be covered for the entire year. I further acknowledge that I am waiving the medical benefits for the entire calendar year and may not re-enroll in the plan during the year except by providing written notice to Kent State University benefits office that I have incurred a qualifying event that has caused me to lose coverage. I understand that I am not eligible to receive an opt-out incentive.

******NOTICE******

YOU MUST COMPLETE THIS FORM EACH YEAR.

IF YOU ARE COVERED BY A KSU SPOUSE, YOU ARE NOT ELIGIBLE FOR THE OPT-OUT INCENTIVE.

Name of individual who covers you: _____

Contract number or SS# of person covering you: _____

Employer of person covering you: _____

Employer Plan Name: _____

Effective Date of Alternate Coverage: _____

Type of Coverage: ☐ Single ☐ Employee + one ☐ Family

Kent State Employee Name (please print)

Banner Identification Number

Kent State Employee Signature

Date