

# Saranac Community Schools

Jason Smith, Superintendent  
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Saranac, Michigan 48881

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## ACKNOWLEDGMENT OF DECLINED OFFER OF GROUP HEALTH COVERAGE

I acknowledge that I have been given the opportunity to enroll in group health coverage offered by Saranac Community Schools for the period from **January 2020 through December 2020**, subject to my continued employment by the District, and decline the opportunity to enroll in this coverage. I understand that I will not have another opportunity to enroll in group health coverage offered by the District until the next open enrollment period or the date of a qualifying event (if any) permitting earlier enrollment, assuming that I am otherwise eligible to enroll in coverage at that time. I understand that, unless I have health coverage that satisfies my individual responsibility under the Affordable Care Act, I may be assessed a tax penalty for my failure to obtain coverage. I further understand that, even if I satisfy applicable household income requirements, I may not be eligible for a tax credit or subsidy for health coverage that I purchase on a health care exchange (Health Insurance Marketplace) for any month in which I was given the opportunity to participate in the District's group health coverage, if that coverage was deemed affordable under Affordable Care Act guidelines.

\_\_\_\_\_  
Date

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

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