



Broward County Human Resources Division
Employee Benefit Services Section
115 S Andrews Avenue, Ste. 514, Fort Lauderdale FL 33301
Tel: 954-357-6700 | Secured Fax: 954-728-2777
Email: Benefits@broward.org | Website Broward.org/benefits

PROOF OF OTHER GROUP HEALTH (MEDICAL) INSURANCE

As a benefit-eligible employee, you waived enrollment in County-offered medical insurance coverage. To receive the Waiver Credit provided by the County (full-time employees: \$100.00 per paycheck, PT 20 employees: \$50.00 per paycheck,) you must show proof that you are enrolled in a 2025 group employer medical insurance, Medicare Part B, Medicaid, Tricare Coverage or Veteran's coverage. The Waiver Credit is not provided for enrollment in the Health Care Exchange, a Medi-Share program, or Individual Coverage. Waiver Credit is taxable income.

Name _____ ID# _____
Division _____ Preferred Tel # or Email _____

You've decided to waive the County's medical insurance for 2025. Are you enrolled in another medical coverage?

No [] If no, sign below and return this form to Employee Benefits.

Yes [] If yes, continue to the next question.

Who are you insured under? Parent [] Spouse/Domestic Partner [] Self [] Other _____

Is the insured above a Broward County employee? No [] Yes []

If yes, what is the County employee's name _____ ID # _____

Are you enrolled in the Health Care Exchange, a Medi-Share Program, or an individual medical coverage?

Yes [] If yes, sign below and return this form to Employee Benefits.

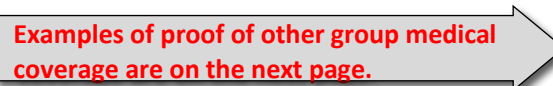
No [] If no, complete your employer/group medical insurance information below.

Employer or Group Name _____

Insurance Company Name _____

Coverage Effective Date _____ Coverage End Date _____

Sign and submit with the required proof of your 2025 medical coverage.



IF YOU DO NOT PROVIDE ELIGIBLE PROOF OF OTHER MEDICAL COVERAGE, YOU WILL NOT RECEIVE THE WAIVER CREDIT

Return by January 10, 2025 to:

Broward County Employee Benefit Services | Fax: 954-728-2777 | Email: Benefits@broward.org

AUTHORIZATION

By signing this document, you agree to allow your group health insurance plan sponsor to provide your name and detailed information about your health insurance benefit plan to Broward County, Employee Benefit Services, for the purpose of determining eligibility for the Waiver Credit. If you would like to revoke this authorization at any time, written notice must be provided to Broward County Employee Benefit Services. However, any actions taken by Broward County Employee Benefit Services prior to being revoked will not be affected by the revocation.

Employee Signature _____ Date _____

Table with 3 columns: APPROVED BY, AUDITED BY, EFFECTIVE DATE. Includes a header row for EMPLOYEE BENEFITS USE.

HELPFUL INFORMATION

Open Enrollment Proof of medical coverage is due no later than close of business January 10, 2025

Here are some examples of proof of other group medical coverage.

Medicare Part A & B, Tricare, and Veterans

- Copy of Medicare Card showing Part B
- Tricare members can provide a copy of their uniformed service ID card.
- Veterans can provide an ID card or letter or other documentation from Veterans Services

Medical Insurance Card

The card must show your name, name of the medical plan, and the medical coverage effective date. We accept screen print of the card; provided it has the required information.

Verification or eligibility letter or email from the Insurance Company

The letter or email must confirm that you are enrolled in medical for 2025.

Some insurance companies have a one or two-day turnaround from the date you request the proof. The letter will be dated the day you request it. So, if you are showing proof of 2025, consider making your request early January. It is okay to ask them to send directly to Employee Benefits, but it will be your responsibility to follow-up and make sure we receive the letter before the deadline. Fax or email is much faster. US mail sometimes takes up to two weeks for arrival. We do accept screen print provided it has all the required information.

Verification or eligibility from another Employer

We accept enrollment confirmation from another employer. The letter or email must show that it comes from the employer and confirms that you are enrolled in medical for 2025. We accept open enrollment confirmation statements; but it must show that you will have medical coverage for 2025. If you are providing a printout from the employer's website, it should include the employer's URL. We accept a screen print if it has all the required information.

Frequently Asked Questions

I waived medical coverage last year and submitted my Medicare card, do I have to provide it again?

You do not need to provide your Medicare card if you waived coverage, and we have a copy on file.

I am covered by another Broward County employee. Do I need to complete this form and provide proof of coverage?

Yes. You should complete this form and submit it with a copy of the other employee's confirmation statement. Example: During Open enrollment, Tom waived medical because his spouse Mary, who is a Broward County employee enrolled him as her dependent. Tom should complete this form and submit it with a copy of Mary's Open Enrollment Confirmation.

Is the waiver credit pre-tax or after tax?

It is treated as a taxable income.

I am covered by my spouse for medical coverage. However, my spouse will be retiring in 2025. Will I be able to enroll in the County's medical plan after my spouse retires?

Yes. Loss of other coverage is a qualifying event for you to enroll in the County's medical. It is important that you contact your Benefits HR Generalist before your spouse's retirement.

I am PT19 and is enrolled as a medical dependent of my parents who work for Broward County. If my status changes to full-time or part-time20, can I continue as their dependent?

If you are under age 26, you may continue as your parents' dependent. However, if you are over age 26, you will no longer be eligible to be their dependent for insurance purposes. Speak with your Benefits HR Generalist for rules about over age dependents (OAD).