



Employee Benefit Fund

DECLINATION OF COVERAGE FORM

I hereby decline indicated insurance coverage(s) offered through AAAS Employee Benefit Fund (AAASEBF):

- HEALTH INSURANCE:** I AM COVERED UNDER ANOTHER HEALTH PLAN I AM NOT COVERED UNDER ANOTHER HEALTH PLAN
- DENTAL INSURANCE**
- VISION INSURANCE**
- LIFE INSURANCE**

EMPLOYEE NAME EMPLOYEE SIGNATURE

EMPLOYEE SSN DATE

EMPLOYER REPRESENTATIVE NAME EMPLOYER REPRESENTATIVE SIGNATURE

EMPLOYER REPRESENTATIVE TITLE DATE

EMPLOYER

The Company believes that the coverage offered to you satisfies its obligations under the Affordable Care Act. In particular, it is believed the health plan is affordable and exceeds Minimum Essential Coverage and Minimum Actuarial Value.

As an eligible, full-time employee of the Company indicated above, you have received an offer of coverage under a policy of group health insurance issued by AAAS Employee Benefit Fund (AAASEBF). The following information is to advise you of certain adverse consequences if you do not accept this offer. There may be others besides those discussed below.

Your next opportunity to obtain coverage through this job for yourself, your spouse, and/or your dependent children through the AAASEBF insurance program will come with a qualifying event or at the next Annual Open Enrollment period, assuming that you remain employed in an eligible position with the Company.

Unless you have coverage that satisfies your individual responsibility under the Affordable Care Act, you may be assessed a tax penalty for your failure to obtain coverage.

If you apply to purchase a Qualified Health Plan through the Marketplace, you may be ineligible to receive a reduction of your monthly premium or premium subsidy, even if you meet related household income standards due to your decision to decline coverage through your employer. Your share of the premium for Marketplace coverage will be paid with after tax dollars.

You will not be eligible for the employer contribution.

If your employment should end during the period of the coverage that you declined, you will not be eligible for COBRA continuation coverage. Each member of your household who is eligible for the dependent coverage now offered to you may suffer the same or similar consequences.