

2027 Waiver of Coverage Affidavit Instructions

The following **2027 Waiver of Coverage Affidavit** applies only to Tier A employees currently waiving medical coverage.

If you are currently waiving medical coverage:

- If you are a Tier A employee (receiving Cashback/Plan Selection Incentive) currently waiving coverage for plan year 2026, and intend to continue waiving coverage for plan year 2027, please complete the attached form and return it to the Employee Benefits Office.
- This form is due by December 31st, 2026. If not received by the deadline, your cashback/PSI will be suspended indefinitely until the Benefits Office receives the form.

If you are opting out of medical coverage for 2027 for the first time:

- If you are a Tier A employee currently enrolled in County medical coverage for the year 2026, and electing to waive coverage for 2027, please submit an online election through www.benefitbridge.com/saccounty to waive benefits.
- Tier B employees (hired on or after January 1, 2007) who choose to waive coverage for 2027 should submit their election waiver online through www.benefitbridge.com/saccounty. Note that there is no cashback or PSI for Tier B.

If you have any questions or concerns, please feel free to contact our office at (916)-874-2020 or by email at Mybenefits@saccounty.gov.

Waiver of Employer-Sponsored Health Coverage Affidavit 2027

I hereby acknowledge I am currently waiving my County of Sacramento medical coverage and have been given an effective opportunity to enroll in the medical coverage offered by County of Sacramento for the plan year 2027.

I understand that the medical coverage offered to me by the County of Sacramento is for myself as an employee, as well as my qualified dependents (if any), and that the coverage meets the standards of affordable, minimum value coverage as defined by the Affordable Care Act.

I waive coverage for myself and any dependents, and attest that all will have other minimum essential coverage for the plan year 2027 and that the coverage is:

- | | |
|---|-----------------------------------|
| ☐ Other employer-sponsored group coverage (e.g., through a spouse or domestic partner) | |
| ☐ TRICARE | ☐ Medicare |
| ☐ Medi-Cal | ☐ COBRA |

I understand other minimum essential coverage cannot include coverage purchased on the individual market, including through Covered California. Individuals waiving affordable, minimum value employer-sponsored coverage may not be eligible for premium tax credits or cost-sharing subsidies from Covered California.

This waiver affidavit is for the upcoming plan year 2027 and may only be changed during the annual open enrollment period or in the case of a mid-year qualifying event. I may be able to enroll myself (and my eligible dependents) if I/we experience a mid-year qualifying event and are no longer eligible for the other minimum essential coverage or if I have a newly eligible dependent as a result of marriage, birth or adoption.

I understand that I must request enrollment within 30 days after losing other minimum essential coverage or after the date of marriage, birth or adoption. If I do not do so, I will not be able to enroll until the next annual open enrollment period.

Note: This form is due by December 31, 2026. Failure to return this affidavit before the start of the 2027 calendar year and to maintain other group sponsored minimum essential coverage will suspend eligibility for any Cashback or PSI!

By signing below, I certify I have read this form and understand the consequences of waiving my employer provided medical coverage. I also certify that the information I have provided is true and correct to the best of my knowledge.

Signature of Employee

Date

Print Name

Employee Number/PIN

Return by fax at 916-874-4621 or scan and email to MyBenefits@saccounty.gov