# GEAUGA COUNTY
# BOARD OF COMMISSIONERS

James W. Dvorak  Timothy C. Lennon  Ralph Spidalieri

470 Center Street ● Building 4 ● Chardon, Ohio 44024-1071


**2022 HEALTHCARE INSURANCE WAIVER**
PURSUANT TO O.R.C. 305.171(G)

I, _____ hereby choose to waive the following healthcare insurance offered by the County of Geauga for the benefit year 2022:

_____All Coverage  _____Medical & Prescription Only
(Must choose one above)

_____Family  _____Single
(Must choose one above)

**OPEN ENROLLMENT**

As an employee eligible during the Open Enrollment period, I choose to receive $_____ in lieu of healthcare coverage for 2022:

| | |
|---|---|
| Waiver amount for all coverage: | $2,088.00 family or $792.00 individual |
| Waiver amount for medical and prescription: | $1,884.00 family or $720.00 individual |

_____

Signature of employee  Department  Date

**NEW HIRE**

As a new hire during 2022, I am eligible for a pro-rated cash benefit waiver option at the end of the year, based on the number of months worked in the year 2022.

_____

Signature of employee  Department  Date

**HEALTH INSURANCE COVERAGE**

In accordance with O.R.C. 305.171(H), I affirm that I am covered under *(name of insurer)*_____ _____ health insurance policy. The contract/plan number is _____, and said plan is provided by *(employer)*_____.

**RETURN THIS FORM TO THE HUMAN RESOURCES SPECIALIST IN THE COMMISSIONERS' OFFICE Or TO YOUR DESIGNATED HUMAN RESOURCES CONTACT**