



# GEAUGA COUNTY BOARD OF COMMISSIONERS

James W. Dvorak Timothy C. Lennon Ralph Spidalieri

470 Center Street, Building 4 • 12611 Ravenwood Drive, Suite 350 • Chardon, Ohio 44024

## 2024 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 2024:

\_\_\_\_\_ 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 the year 2024:

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 2024, 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 2024.

\_\_\_\_\_  
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**