

Waiver of Medical Coverage Form

Information

- Complete this form only if you are either currently enrolled in state employee medical coverage or are in an enrollment period for the first time. Do not complete this form if you are currently waiving your state employee medical coverage.
- **Proof of other coverage:** Must be provided, see the below for information about required proof.
- **Sign, date, and submit this form to SEGIP:** email to segip.mmb@state.mn.us or mail to Minnesota Management & Budget, SEGIP, 400 Centennial Office Building, 658 Cedar Street, St Paul, MN 55155 or fax to 651-296-5445.
- **Deadline:** Your Deadline is based on the reason you are able to waive your coverage:

Wavier due to:	Form must be in the SEGIP office by:
New Hire/Rehire	35-day eligibility period
Newly eligible	30 days from the date of change or print date on the packet
Qualified life event	60 days from the date of the qualified event
Open Enrollment	The last day of the Open Enrollment period

- **Assistance:** Contact SEGIP at 651-355-0100, or segip.mmb@state.mn.us, or visit <https://mn.gov/mmb/segip>.

Accepted medical coverage and required proof of coverage

Acceptable medical coverage will cover both hospital and medical costs and must be minimum essential coverage. Your proof must include you and all individuals you expect to claim on your tax return for the covered year and it must be an official document from the coverage provider demonstrating that coverage is in effect for the period of the waiver. **Select the option you are covered under:**

VA care: A copy of your membership card.

Medicare coverage: A copy of your membership card.

Medicaid or other qualifying public program: Official letter dated within the last 30 days.

TRICARE: [Official proof of TRICARE Coverage](#) dated within the last 30 days.

Other group coverage (including employers other than through SEGIP): Letter on that employer's/group's letterhead, dated and signed by a company official within the last 30 days, stating that you are covered.

Your spouse or parent who is enrolled in medical coverage offered through SEGIP: Provide the following information:

Name of MN state employee who will cover you

That employee's State Employee ID number

By signing this form I acknowledge that:

- **Waiving medical coverage:** I am eligible for the full employer contribution towards medical coverage. To waive medical coverage, I must sign, date and submit this form with proof of other medical coverage by the Deadline.
- **If I do not enroll in medical coverage or submit a waiver form with proof of other coverage by the Deadline:** I will automatically be enrolled in single medical coverage. I will be unable to waive or change my carrier until the next Open Enrollment or upon a qualified life event (see [Change my Coverage](#) at <https://mn.gov/mmb/segip>).

- **If I waive medical coverage at this time:** I will be unable to enroll myself or my eligible dependents in the state employee medical coverage until the next Open Enrollment or upon a qualified life event. The loss of my other coverage may not constitute a qualified life event enabling me to enroll in the state’s employee medical coverage outside of Open Enrollment.
- **Other insurance benefits:** Although I am waiving medical coverage I will still receive basic life or manager’s life insurance with the premium paid by the state and I may enroll in dental or other insurance benefits offered.
- **Access to the State’s Retiree coverage:** If I am not enrolled in my own state employee medical coverage plan at the time of my retirement, I will never be able to enroll in my own state employee retiree health plan.
- **My other medical coverage:** It is my responsibility to ensure my other coverage is in effect and adequate for my needs.
- **I attest:** that my tax dependents who are insurance eligible under my employee coverage are expected to have minimum essential coverage during this opt out period.

Employee signature:

Date:

Email address:

Phone number:

Other medical coverage that is not acceptable

Accepted medical coverage does not include a health reimbursement account (HRA) or a health savings account (HSA) that are not paired with a high deductible health plan (HDHP), a flexible saving account (FSA), individual coverage (purchased either on or off an exchange), disability coverage, long-term care insurance, automobile coverage, or other insurance coverage that does not primarily cover both hospital and medical costs.

Notice of Collection of Private Data

Minnesota Management & Budget (MMB) administers the State Employee Group Insurance Program (SEGIP). This notice explains why SEGIP is requesting data about you, your spouse and dependents, how we will use it, who will see it, and your obligation to provide it.

What data will we use? We will use the data you provide us at this time, as well as data previously provided us, about you, your spouse and dependents. We will use the data to administer existing programs, develop new programs, insure existing programs are effective and efficient, comply with both state and federal laws and regulations, and to process your enrollment requests. If you provide any data about you, your spouse and dependents that is not necessary, we will not use it for any purpose.

Why we ask you for this data? We ask for this data so that we can successfully administer employee benefits. This data is used to process your request to add, waive, or change coverage for you, your spouse and dependents. The requested data helps us to determine eligibility, to identify, and to contact you, your spouse, and dependents.

What will happen if you do not answer the questions we ask? You are not required to provide the data requested. If you do not answer these questions, the insurance benefit transaction you requested for you, your spouse and dependents, or other insurance benefit transaction may be delayed or denied.

Who else may see this data about you and your spouse and dependents? We may give data about you, your spouse and dependents to your insurance carrier, SEGIP’s other representatives, vendors and actuary; the Legislative Auditor; the Department of Health; the Department of Commerce; and any law enforcement agency or other agency with the legal authority to have the data; and anyone authorized by a court order. The parents of a minor may see data on the minor unless there is a law, court order, or other legally binding instrument that blocks the parent from that data.

How else may this data be used? We can use or release this data only as stated in this notice unless you give us your written permission to release the data for another purpose or to release it to another individual or entity. The data may also be used for another purpose if Congress or the Minnesota Legislature passes a law allowing or requiring us to release the data or to use it for another purpose.