

ATTESTATION OF ENROLLMENT
IN A NON-FOREST LAKE AREA SCHOOLS EMPLOYER
GROUP HEALTH PLAN



Employee Name: _____ Work Phone: _____
Work Location: _____ Email: _____

This form applies to individuals who participate in the Spousal Advantage Plan and who waive coverage in the Forest Lake Area Schools Health Plan.

Employees, spouses and eligible dependents who are waiving coverage in the Forest Lake Area Schools Health Plan certify that:

-- Forest Lake Area Schools has offered me and/or my spouse and/or my eligible dependents a group health plan that does not consist solely of "excepted benefits" under the Affordable Care Act of 2010 ("ACA").

-- I and/or my spouse and/or my eligible dependents are enrolled in Alternate Coverage (such as my spouse's employer) that does not consist solely of "excepted benefits" under the ACA (such as limited-scope dental or vision coverage), nor does it consist solely of a "health reimbursement arrangement" (reimbursement of health care expenses up to a dollar limit).

-- I understand that by enrolling in this Spousal Advantage Plan, I am waiving participation for the Spousal Advantage Plan participants in the Forest Lake Area Schools Health Plan for my covered Spousal Advantage Plan enrollees as follows:

_____ Name	_____ Name
_____ Name	_____ Name

Attach a separate sheet if space is needed for additional participants

For confirmation that the Alternate Coverage meets the IRS's definition of minimum value and does not consist solely of an HRA, please contact the benefits coordinator at the other employer.

I further certify that my Alternate Coverage is not:

- High Deductible Health Plan (HDHP) **with** active contributions to a health savings account (HSA)
- Medicare, Tricare or Medicaid
- Health Insurance Coverage made available thru the Affordable Care Act
- Individual policy
- Limited Benefit Health Plans
- You are NOT eligible if your Alternate Coverage is through another Forest Lake Area Schools employee

Employee Signature

Date

Spouse's Signature ONLY IF ELIGIBLE FOR Spousal Advantage Plan

Date

For more information, please contact Catilize Health @ 877-872-4232

PLEASE COMPLETE THIS FORM AND SEND TO LEANN MARTINSON VIA EMAIL OR MAIL:

LeAnn Martinson
6100 N 210th St
Forest Lake, MN 55025
lmartinson@flschools.org