Teamsters Local 922-Emoloyers Health Trust
7130 Columbia Gateway Drive, Suite A, Columbia, MD 21046
Phone: 410-872-9500 Fax: 410-872-1275

ELECTION TO OPT-OUT OF PLAN COVERAGE

UNDER THE TEAMSTERS LOCAL 922 – EMPLOYERS HEALTH TRUST

This form is required to be signed by an employee eligible to participate in the Teamsters Local 922 – Employers Health Trust electing to "OPT-OUT" of Benefits. This form must also be witnessed.

The original must be returned to:

Teamsters Local 922 – Employers Health Trust
c/o Carday Associates, Inc.
7130 Columbia Gateway Drive
Suite A
Columbia, MD 21046

_____, Social Security No._____
(Please Print Full Name)

_____
(Street Address/Apt. No.) (City) (State) (Zip Code)

_____; _____
(Home Phone) (Work Phone)

_____
(Name of Employer)

I am a full-time employee of a W.M.A.T.A. and am eligible to participate in the Teamsters Local 922 – Employers Health Trust and would be eligible for coverage pursuant to the Fund's monthly contribution benefit plan.

I have chosen to **"opt-out"** of coverage to which I would be otherwise eligible because I have other health insurance coverage (other than that provided by the Authority or through the Trust) and accordingly decline coverage of the Teamsters Local 922 – Employers Health Trust effective on January 1, 2024. I have chosen to "opt-out" of all coverage to which I, my spouse and dependents, if any, may be entitled.

I understand I must provide proof of similar coverage with this Form. I understand this Form, with proof of similar coverage, must be approved by the Teamsters Local 922 – Employers Health Trust for my election to "opt-out" to be effective.

I have attached the following proof of other coverage:

- Copy of letter from alternative health plan sponsor verifying coverage.

Or

- Other proof – which clearly shows that alternative health plan coverage will be in effect during the Opt-Out year.

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TEAMSTERS LOCAL 922 – EMPLOYERS HEALTH TRUST

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Opportunity to Re-Elect Coverage:

An Employee who waives coverage, and who does not re-elect coverage under the Fund due to a Life Event within 30 days of the Life Event may not re-enroll until the next Open Enrollment Period. Open Enrollment periods generally begin October 1st of every year and coverage elected during any Open Enrollment Period is effective the following January 1st.

A Life Event includes a change in family status such as the marriage or divorce of the Employee, the death of an Employee's spouse or dependent, the birth or adoption of a child of the Employee, the termination or commencement of the employment of the Employee's spouse, a significant change in the health coverage of the Employee or Employee's spouse attributable to the spouse's employment and such other events the Board of Trustees determines will permit the filing of an new election form during a Plan year consistent with regulations and rulings of the Internal Revenue Service and/or Department of Labor.

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The completed Opt-Out form must be received by:

- The last day of any Open Enrollment Period or
- In the case of a new hire, prior to the first day you are eligible for coverage.

_____ _____
Employee's Signature Date

_____ _____
Witness Name (Print) Date

_____ _____
Witness Signature Date

Approved on behalf of the Teamsters Local 922 – Employers Health Trust:

_____ _____
Signature Date