

**SUBJECT: PAYMENT IN LIEU OF HEALTH INSURANCE**

**Effective Date: 07/01/2023 – 12/31/2023**

**PAYMENT IN LIEU OF HEALTH INSURANCE ELECTION AND RELEASE FORM**

1. I, \_\_\_\_\_, for and in consideration of the payment described in paragraph 5 (“Payment”), and for no other consideration, do hereby voluntarily agree to waive health coverage under the City of Gastonia’s health insurance plan from July 1, 2023 through December 31, 2023. I understand that the consideration described in paragraph 5 is being offered to me as a result of my election to waive health coverage with the City of Gastonia from July 1, 2023 through December 31, 2023.
2. I understand that, by waiving my health coverage from July 1, 2023 through December 31, 2023, I am excluded from participation in the City of Gastonia’s Health Savings Account, and will forfeit the \$750.00 contribution from the City of Gastonia, on my behalf, into said account.
3. I understand that I am bound by this agreement to waive health coverage from July 1, 2023 through December 31, 2023, unless I experience a qualifying event that would enable me to elect City health coverage. Otherwise, I would only be eligible to enroll in the City’s group health coverage during my next open enrollment period. Those who opt out and have the opportunity to opt back in during the plan year will forfeit any portion of any of the City’s contribution(s) into a Health Savings Account.
4. I agree to provide proof of current, valid health coverage. Such proof will be limited to a copy of an insurance card, certificate of creditable insurance coverage, or a letter on employer letterhead and **MUST include my name as a covered person, the name of the Insurance Company, plan type, and effective date (not issue date)**. If such proof is not available, I understand that I am not eligible for Payment.
5. I understand that as the entire and complete consideration for my execution of this Release, which I agree to be adequate and sufficient, and on the further condition that I execute and return this Release with proper proof of my enrollment in other health coverage, independent of the City of Gastonia’s group health coverage, to the Human Resources Office, 181 South Street, Gastonia, NC, and waive health coverage from July 1, 2023 through December 31, 2023, City of Gastonia will pay to me the amount of \$500, less applicable taxes and deductions required by law.
6. I have carefully read and reviewed this Release and fully understand the terms of this Release. I understand and am satisfied with the terms of this Release and execute it voluntarily and with the full and complete understanding that this Release shall be and is from the date of its execution a final, conclusive, and binding bar upon me.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print name

\_\_\_\_\_  
Employee Number

\_\_\_\_\_  
Budget Code

<b>OFFICE USE ONLY</b>	
TO BE INITIALED BY HR	
<b>Payment Approved?</b>	
_____	_____
YES	NO