



**The Research Foundation of
The City University of New York**

HEALTH INSURANCE WAIVER PROGRAM

The Research Foundation of The City University of New York (RF) offers eligible employees the right to participate in the RF's Health Insurance Waiver Program. By doing so, the eligible employee chooses not to enroll in any of the health insurance plans offered by RF.

An employee is eligible to participate in the Waiver Program if they meet any one of the 3 criteria:

- He/she is a Part-time A employee working more than 19 hours a week, but less than 35, who is appointed for at least four complete calendar months and maintains **individual** coverage. Such employee may be eligible for the \$1000 waiver benefit by declining coverage, or,
- He/she a Full-time employee working at least 35 hours a week, who is appointed for at least four complete calendar months and maintains **individual** coverage. Such employee may be eligible for the \$1000 waiver benefit by declining coverage, or
- He/she is a Full-time employee working at least 35 hours a week, who is appointed for at least four complete calendar months and maintains either **Parent & Child, Couple** or **Family** coverage. Such Employee may be eligible to receive the \$1500 waiver benefit by declining coverage.

In order to qualify for a waiver payment, employees must show proof of having one of the above **coverage options** elsewhere. **Medicare does not qualify as alternative coverage. The Center for Medicare and Medicaid Services does not allow employers to offer financial incentives to encourage employees to designate Medicare as their primary coverage by opting out of employer health plans.**

The amounts noted above are annualized amounts. That is the amount you would receive if you are on the payroll for 26 pay periods in a year. The actual amounts paid per pay period are:

Individual	\$38.46
Parent and Child(ren)	\$57.70
Couple	\$57.70
Family	\$57.70

If you choose to enroll in health insurance, you may do so only during the next scheduled Open Enrollment Period for Health Insurance elections, unless a **Qualifying Event** occurs. A Qualifying Event for this purpose is defined as an activity such as marriage, divorce, birth or adoption. In order to participate in the Health Insurance Program under this Qualifying Event Election Period, you must enroll within 30 days from the date of the Qualifying Event, or you will forfeit your right to participate until the next scheduled Open Enrollment Period. When you enroll in health insurance as a result of a qualifying event, your eligibility for the waiver ceases.

Under no circumstances will waivers be paid retroactively. Enrollment for the waiver program is for one calendar year only. Re-enrollment in the Benefits Waiver Program is not automatic. A new waiver form with current supporting proof of other coverage must be submitted during the Open Enrollment period each year.

You can only receive the waiver benefit if you can show that you have medical coverage elsewhere and can provide proof of other coverage, **which must include a statement to that effect on company letterhead. A copy of an insurance card is not sufficient proof of coverage.**

An RF employee who is a spouse or dependent of an RF employee that is enrolled in an RF provided health benefits plan is not eligible to participate in the waiver program.

Click on this link to access the waiver enrollment form. (Log in is required)
<http://www.rfcuny.org/FilesDirectory/HR/documents/Waiver%20Form%20revised%20100208.pdf>

Please contact your Benefits Coordinator if you need assistance.

Forward completed form and supporting documents to: Research Foundation, CUNY, 230 West 41 Street, New York, NY 10036.

NONE OF THE BENEFITS OR POLICIES STATED HEREIN ARE INTENDED TO BE CONTRACTUAL IN NATURE. THEY DO NOT CONFER ANY RIGHT OR PRIVILEGE, BUT ARE INFORMATIONAL ONLY. THE RF RETAINS THE ABSOLUTE RIGHT TO AMEND OR TERMINATE ANY BENEFIT OR POLICY AT ANY TIME.

(1/2010)