

Waiver of Medical Coverage Form

Information and instructions

Use this form to waive SEGIP medical coverage if you are either currently enrolled or are in an initial enrollment period. Do not use this form if you are currently waiving your SEGIP medical coverage. This form must be received by the deadline listed. Contact SEGIP if your proof of other coverage documentation is delayed.

- **Proof of other coverage:** Must be provided, see below for information about required proof.
- **Deadline:** Your deadline is based on the reason you can waive your coverage.

Waiver due to:	Form must be received by the SEGIP office by:
New Hire/Rehire	30 day eligibility period or print date on the packet, whichever is later
Newly eligible	30 days from the date of change or print date on the packet, whichever is later
Qualified life event	60 days from the date of the qualified event
Open Enrollment	The last day of the Open Enrollment period

- **Sign, date, and submit this form to SEGIP:** email to segip.mmb@state.mn.us or mail to Minnesota Management and Budget, SEGIP, 400 Centennial Office Building, 658 Cedar Street, St Paul, MN 55155, or fax to 651-797-1313.
- **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 as defined by the IRS. Proof of coverage is an official document from the coverage provider that shows coverage is in effect for the period of the waiver. To waive single coverage your proof must include you. To waive family coverage your proof must include all individuals you expect to claim on your tax return for the covered year. **Select the option you are covered under:**

VA care: Required proof of coverage is a copy of your membership card.

Medicare coverage: Required proof of coverage is a copy of your membership card.

Medicaid or other qualifying public program: Required proof of coverage is an official letter dated within the last 30 days.

TRICARE: Required proof of coverage forms are available here [Official proof of TRICARE Coverage](#) and must be dated within the last 30 days.

Other employer group coverage (employers other than SEGIP): Required proof of coverage is a letter on that employer's/group's letterhead, dated and signed by a company official within the last 30 days, stating who is covered and for what time period.

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 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 Claim Administrator until the next Open Enrollment or upon a qualified life event (see [Change my Coverage](https://mn.gov/mmb/segip) 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.
- **Loss of other coverage:** 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 and Budget (MMB) administers the State Employee Group Insurance Program (SEGIP). MMB is asking you to provide certain data for the purpose of the administration of group insurance benefits. This notice explains why MMB is requesting private data, how the data will be used, who has access to the data, and what may happen if you do not provide the requested data.

Use of Data. The data requested by MMB may be used for the following purposes:

- To process your request to waive medical coverage
- As required by State and federal law, rule, or regulation

Right of Refusal. You are not required to provide any of the requested data, however, if you do not provide the requested data, your request to waive may be denied or delayed for you, your spouse, or your dependent(s), as applicable.

Access to Data. The data that you provide may be shared with:

- Authorized personnel whose jobs reasonably require access
- Insurance and service providers, and other contracted vendors
- Any other person or entity authorized by federal or state law to access the data, including but not limited to the Office of the Legislative Auditor, the Minnesota Department of Health, the Minnesota Department of Commerce, or others as authorized by a court order

The parents of a minor may access private data about the minor unless there is a law, court order, or other legally binding instrument that blocks the parent from accessing the data.