

Other Valid Health Coverage Confirmation

The ELCA benefit program offers a bundle of health, retirement, survivor, and disability benefits to help you and those you care about live well. To waive ELCA health benefits, you must have other valid health coverage not provided by an ELCA congregation, seminary, synod, or ministry of the ELCA churchwide organization. Other valid coverage includes group coverage such as through a spouse's employer, or individual coverage purchased through a health insurance exchange for which you receive a subsidy (premium tax credit). If you don't provide documentation of a valid health benefits waiver, you must either enroll in ELCA health benefits or end your participation in the ELCA benefit program. For further information about waiving health benefits, go to: myPortico.PorticoBenefits.org > [Overview](#) & [Life Changes](#) > [Stopping or Starting Health Benefits](#).

A INSTRUCTIONS

Complete this form and attach a copy of your other valid health coverage ID card. This information must be received within 30 days in order to waive ELCA health benefits for 2018.

B MEMBER INFORMATION

Legal First Name

MI

Last

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Daytime Phone

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Member ID, found on myPortico in the upper right corner after you sign in

C WAIVER INFORMATION

Starting Date of Coverage: _____ Name of Primary Insured: _____

For 2018 I will have health coverage provided by:

An Employer (check all that apply):

My spouse's current employer

One of my current employers, but not the employer sponsoring me in the ELCA benefits program

My former employer

My spouse's former employer

My parent's employer

Other

Employer: _____

Medicare, Medicaid, or Veterans Affairs:

Medicare Advantage or Cost-Plus plan

Medicaid

VA Coverage

Health Insurance Exchange

Individual coverage with federal tax credit: _____
Name of Health Exchange (required)

D SIGNATURE

I certify that:

- I qualify to waive health benefits under the ELCA Health Plan, due to the 2018 health coverage I have noted above.
- If I am purchasing health coverage through a public exchange, I certify that I have been notified that I qualify for a federal tax credit for 2018. I will file IRS Form 8962 with my 2018 federal tax return.
- I understand that my waiver is only valid as long as I maintain the coverage I have noted above. Should this coverage lapse during 2018, I must notify Portico Benefit Services within 60 days, and either enroll in health coverage through Portico or terminate my participation in the ELCA benefit program.

Signature

Date

This form must be signed to be valid.

E SEND US A COPY OF YOUR HEALTH COVERAGE ID CARD

A copy of the front and back of your other valid health coverage ID card along with this form are required. ELCA health benefits will not be waived in 2018 without this information. Without valid other health coverage or enrollment in ELCA health benefits, your participation in the ELCA benefit program will terminate.

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