




How to Waive Medical Coverage

Step 1: Workday Inbox



Navigate to your [Workday](#) Inbox for your **New Hire** or **Open Enrollment** task in the upper right corner

Select the **Open Enrollment Change** task in the left margin of your [Workday](#) inbox, then click **Let's Get Started**.

**You can expand the view to fill your screen by clicking on the  on the corner



Inbox

Actions (3) Archive

Viewing: All Sort By: Newest

Open Enrollment Change: [redacted] on 07/01

Change Benefits for Open Enrollment

11 day(s) ago - Due Effective

Open Enrollment - Health & Welfare Benefits

Choose new plans or re-enroll in the plans you currently have.

Let's Get Started

Step 2: New Hire or Open Enrollment Task



To waive **Medical Coverage** only, 'Enroll' in **Decline Medical**

New Hire / Rehire

Projected Total Cost Per Paycheck
\$0.00

Health Care and Accounts



Medical
Waived

Enroll



Dental
Waived

Enroll



Vision
Waived

Enroll



Decline Medical
Waived

Enroll



Step 2: New Hire or Open Enrollment Task



Select 'Receive Waive Incentive'

Decline Medical

Projected Total Cost Per Paycheck
\$0.00

Plans Available

Select a plan or Waive to opt out of Decline Medical. The displayed cost of waived plans assumes coverage for Employee Only.

1 item



*Selection	Benefit Plan Details	You Pay (Semi-monthly)	Company Contribution (Semi-monthly)
<input checked="" type="radio"/> Select <input type="radio"/> Waive	Receive Waive Incentive	Included	\$0.00



Step 3: Open Enrollment Health & Welfare Benefits

Select your 'Receive Waive Incentive' Reason

1. Decline: Covered by other health insurance
2. Decline: Covered by another GDPS Employee

Decline Medical - Receive Waive Incentive

Projected Total Cost Per Paycheck
\$0.00

Coverage

*

Search



Plan cost per paycheck

- Decline: Covered by other health insurance
- Decline: Covered by GDPS Employee



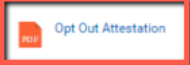
Step 3: Open Enrollment Health & Welfare Benefits

Once the People Team approves your Benefit elections in [Workday](#) (including the Decline Medical):

1. Log back into your [Workday](#) Inbox
2. Review the Opt Out Attestation Form
3. Check 'I Agree' + Submit

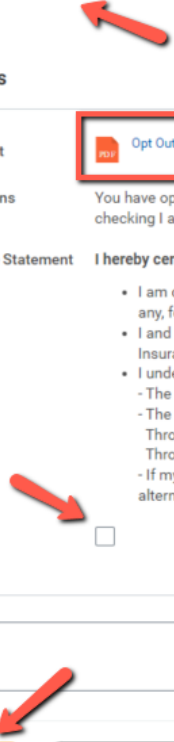
Waive Attestation Form Review Documents for Benefit Change - New Hire / Rehire : ... ☆ ⚙

Documents

Document	
Instructions	You have opted out of the Company Medical Plan. You may print the attached document for your records. Please read the acknowledgment below, certify by checking I agree, and submit.
Signature Statement	<p>I hereby certify that the following statements are true and correct:</p> <ul style="list-style-type: none">• I am declining medical coverage under the Green Dot Public Schools Health and Welfare Plan for myself, my spouse and all tax dependents, if any, for whom I reasonably expect to claim personal exemption deduction on my federal income tax return ("expected tax family").• I and all other members of my expected tax family, if any, have or will have MEC that is NOT coverage obtained in the individual market or Health Insurance Marketplace for the period covered by the opt-out payment (as defined below).• I understand and agree to the following:<ul style="list-style-type: none">- The plan year under the Green Dot Public Schools Health and Welfare Plan is July 1 - June 30.- The period covered by the opt-out payment is: Through the end of the current plan year, if the declination of coverage is related to initial enrollment. Through the end of the next plan year, if the declination of coverage is related to open enrollment.- If my employer knows or has reason to know that I or any other member of my expected tax family does not have (or will not have) the required alternative coverage, my employer is obligated to terminate the opt-out payment.
I Agree	<input type="checkbox"/>

Comment

Submit Save for Later Cancel



Review the Opt Out Attestation hyperlink

COMPLETE!