WAIVER OF MEDICAL COVERAGE

INTERNATIONAL ASSOCIATION OF FIREFIGHTERS

In accordance with the Interest Arbitration Award between the City of Philadelphia and the International Association of Firefighters (IAFF), Local #22, I elect to waive the City financed, IAFF administered medical, dental, prescription and optical coverages for the plan year beginning January 1,. Upon approval of this waiver, I understand that I will be eligible for payment in an amount equal to twenty-five percent (25%) of the contribution rate for the waiver period, which is currently equal to $404.91, (25% of $1,619.64) per month, to be accumulated and paid in December.
I understand I will not be able to change my election until the following year unless I have one of the following approved lifestyle changes:

1. marriage
2. divorce
3. birth or adoption of a child
4. starting or ending of a spouse's or member's employment
5. death of a spouse or qualifying dependent
6. retirement

I have attached the necessary documentation proving that I have alternate medical coverage.

I understand that while this opt out option is in effect that neither the City of Philadelphia nor the IAFF is responsible for providing my health insurance coverage.

I understand that this opt out will remain in effect until I submit notification in writing indicating that I have had a lifestyle change and wish to resume my City-funded IAFF administered health coverage.

The written notice must be sent to Local 22 Health Plan Representative NO LATER THAN December 19 of the current year

_____
Employee Signature

Print Name _____

Social Security Number _____

Payroll Number _____

Unit _____

Date _____

FIREFIGHTERS & PARAMEDICS LOCAL 22

HEALTH PLAN