



USA Choice Plan / USA Select Plan

**Employer Sponsored Group Health Plan
Waiver of Coverage for 2023**

The Patient Protection and Affordable Care Act (PPACA) requires that an employer offer health coverage to most, if not all, of its full-time employees. The *University of South Alabama*, *USA HealthCare Management, LLC*, and the *University of South Alabama Health Care Authority* is making an offer of coverage to you and your eligible dependents. You must pay the employee cost sharing, which is a monthly premium paid in advance by payroll deduction, and based on whether you elect single or family coverage.

If you do not want coverage with the USA Choice Plan or the USA Select Plan, you may decline coverage.

_____ **Decline New Coverage:** I have been offered coverage with the USA Choice Plan and the USA Select Plan; and do notwish to accept this offer. I understand that I may not change this election except during the Open Enrollment period held in November of each year or when I incur a change-in-status event.

I understand that if I decline this coverage and do not obtain coverage on my own, I may be subject to a penalty under the Patient Protection and Affordable Care Act.

Employee Signature: _____

Print Name: _____

J #: _____

Date: _____

Please return completed form to: Tina G. Stalmach
Senior Director of Human Resources
Benefits, EEO, & Employee Relations
University of South Alabama
650 Clinic Drive TRP III Suite 2200
Mobile, AL 36688