



GEAUGA COUNTY BOARD OF COMMISSIONERS

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470 Center Street, Building 4 • 12611 Ravenwood Drive, Suite 350 • Chardon, Ohio 44024

2026 HEALTHCARE INSURANCE WAIVER PURSUANT TO O.R.C. 305.171(G)

I, _____ hereby choose to waive the following healthcare insurance offered by the County of Geauga for the benefit year 2026:

_____ All Coverage _____ Medical & Prescription Only
(Must choose one above)

_____ Family _____ Single
(Must choose one above)

OPEN ENROLLMENT

As an employee eligible during the Open Enrollment period, I choose to receive \$ _____ in lieu of healthcare coverage for the year 2026:

Waiver amount for all coverage: \$3,090.00 family or \$1296.00 individual
Waiver amount for medical and prescription: \$2,886.00 family or \$1224.00 individual

Signature of employee Department Date

NEW HIRE

As a new hire during 2026, I am eligible for a pro-rated cash benefit waiver option at the end of the year, based on the number of months worked in the year 2026.

Signature of employee Department Date

HEALTH INSURANCE COVERAGE

In accordance with O.R.C. 305.171(H), I affirm that I am covered under *(name of insurer)* _____ health insurance policy. The contract/plan number is _____, and said plan is provided by *(employer)* _____.

**RETURN THIS FORM TO THE HUMAN RESOURCES SPECIALIST IN THE COMMISSIONERS' OFFICE
Or TO YOUR DESIGNATED HUMAN RESOURCES CONTACT**