GEAUGA COUNTY
BOARD OF COMMISSIONERS

James W. Dvorak, President Carolyn Brakey, Esq. Ralph Spidalieri

12611 Ravenwood Dr, Suite 350 • Chardon, OH 44024

2027 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 2027:

_____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 2027:

Waiver amount for all coverage: _____$3,504.00 family or _____$1,872.00 individual
Waiver amount for medical and prescription: _____$3,300.00 family or _____$1,548.00 individual

_____

Signature of employee Department Date

NEW HIRE

As a new hire during 2027, 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 2027.

_____

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 BENEFITS SPECIALIST IN THE COMMISSIONERS' OFFICE OR TO YOUR DESIGNATED HUMAN RESOURCES CONTACT