EMPLOYEE HEALTH INSURANCE WAIVER FORM

for Plan Year January 1, 2026 – December 31, 2026

Employee Instructions:

As a benefit eligible employee, you must either enroll into the health insurance plan or waive coverage. Please complete this Employee Health Insurance Waiver Form and return to your employer benefits administrator (benefits@down2earthinc.com).

Employee Acknowledgement:

I acknowledge that I have been offered the opportunity to access and enroll in individually owned health insurance coverage on a pre-tax basis through my employer with an effective date of January 1, 2026.

I do not wish to enroll myself nor any eligible dependent(s) in an individually owned health insurance plan at this time. I understand that I may enroll only during an annual open enrollment period or if one of my eligible dependents or I become eligible for a Special Enrollment Period as a result of a qualified change in status.

Date: _____

Signature: _____

Printed Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Email Address: _____ Phone: _____

Employer: _____

Reason for Declining Coverage (Please check one):

- ❑ Getting benefits through another employer
- ❑ Getting benefits through Medicaid/Medicare
- ❑ Enrolled in own Individual Plan
- ❑ Enrolled in parent's plan
- ❑ Enrolled in spouse's plan
- ❑ Other