



Acceptance/Waiver of Group Health Insurance

Employees must work a minimum of ninety days (390) hours and a maintain a minimum of 30 hours per week in order to be considered eligible for group health insurance benefits.

Table with 3 columns: Trustmark HealthyEdge PPO, Summary of Benefits (In - Network), Summary of Benefits (Out-of-Network). Rows include Benefit, Single Deductible, Family Deductible, Single coinsurance, Office visit co-pay, Specialist care co-pay, Emergency room co-pay, and Prescription Drugs.

Table with 2 columns: Choice of Coverage, Employee's Monthly Charge. Rows include Employee, Employee + Spouse, Employee + Children, and Family.

I acknowledge that AMP and NWC has offered me affordable health insurance coverage through Trustmark, as defined under the ACA, for the period effective from 1/1/24 to 12/31/24. The Company will pay for single rate employee premium but the employee is responsible for any additional family premium. Open enrollment will be announced yearly (Note: Premium and/or benefits may change yearly). A non-response by the employee during open enrollment will default to your most recently dated Acceptance/Waiver of Group Health Insurance.

I am accepting coverage under my employer's group health insurance plan.

I am declining all group coverage. I acknowledge that I have been given the opportunity to apply for group coverage available to me and my dependents through my employer.

- Self-funded medical coverage declined for: Employee, Spouse/Domestic Partner, Child(ren)

- I wish to decline for the following reasons (check one below): Covered by spouse/domestic partner's group health plan, Government plan: Medicare, Medicaid, State Plan, Individual Medical Plan, I do not have and do not want self-funded medical coverage, COBRA, Other (explain):

Employee Name: Signature: Date: