

Health Reimbursement Arrangement
Proof of Alternate Coverage in Another Qualifying Health Plan

New hires who possess other qualifying health coverage may qualify for the Colusa County Health Reimbursement Arrangement (HRA) benefit for the month in which they were hired if their health coverage provides Affordable Care Act minimum essential coverage.

Please complete this form and submit it along with confirmation of coverage to the Human Resources Department as soon as possible.

EMPLOYEE INFORMATION:

Last Name

First Name

HEALTH COVERAGE INFORMATION:

I had alternative coverage from another source during my first month of hire. **Proof of coverage that states employee's name must be attached.**

Subscriber's Name

Group No.

ID No(s).

I understand that in order to qualify for the HRA benefit during the first month in which I was hired I must provide proof of health coverage that provides minimum essential coverage as defined by the Affordable Care Act.

I understand that the information provided above is a requirement if I want to receive the HRA funds for the first month in which I was hired. I certify that all the information provided by me herein is accurate. I understand that it is solely my responsibility to ensure that the Human Resources Department has received and approved this form. I understand that if I do not provide the required documentation I will not receive the HRA benefit for the first month in which I was hired and that I will become eligible for the HRA benefit when the County-sponsored health insurance becomes effective.

Employee Signature

Print Name

Date