



Health Benefits (In-Processing) Presentation Acknowledgement

611 Walker Street (4th Floor)
Houston, TX 77002
(832) 393-6000

I acknowledge that I have attended the Health Benefits (in-processing) Presentation and understand that I must comply with the following to finalize my benefit elections:

- Log on to the Employee Self-Service (ESS) website at portal.houstontx.gov within 30 days after my hire date to elect or waive benefits.
- Provide beneficiaries for the Basic Life Insurance Policy even if all other City of Houston sponsored benefits are waived.
- Use the Enrollment Form provided during the Health Benefits (in-processing) Presentation to submit all supporting documents for dependents no later than 30 days after hire date or dependents will be deemed ineligible for all employer-sponsored plans.
- Upon submission of plan selections and supporting documents (if applicable), coverage will become effective the 1st or the 16th of the month after 30 days of employment.

Note: If you do not enroll timely or elect to waive your coverage, health benefits will not be available until Open Enrollment or within 31 days of a qualified life event (marriage, divorce, birth, adoption, loss or other insurance coverage).

Waiver of Health Coverage:

If you waive this health coverage and do not obtain health coverage on your own, you will be subject to a penalty under the individual responsibility requirement of the ACA.

I acknowledge that the Employer has offered me affordable minimum essential health coverage, as defined under the ACA. I have read the above and I understand the consequences of my waiver of coverage.

Note: If you waive coverage considered affordable and minimum essential under the Patient Protection and Affordable Care Act (ACA), you will not qualify for government credits and subsidies to purchase individual health insurance on the Marketplace.

By checking this box, you agree to **WAIVE** your Medical Insurance Benefits

If you have any questions, assistance is available by calling the Human Resources Benefits Division.

Operation Hours:
Monday-Friday
8:00 a.m. – 5:00 p.m.

Please Print

Employee Name:	Department:
Address:	City/State/Zip:
Phone No:	Email address:
Signature	HR Processor/Representative:
Date:	