



City of Houston Pay or Play (POP) Program Employee Waiver Request

Only completed and original notarized forms will be accepted

Company Name: _____ Contractor Sub-Contractor Vendor No: _____

Contract # & Description: _____ Contracting Dept _____

We, hereby submit this POP Program Employee Waiver Request for the employee listed below. The employee was offered health benefits in accordance with the POP Program EO1-7. At this time the subject employee has elected not to accept the health benefits offered due to the reason selected below. The notarized affidavit of the employee is appended below for your consideration.

Contractor Representative & Title

Signature & Date

EMPLOYEE AFFIDAVIT

ALL parts of this section must be completed in full by the employee

I, _____, hereby request exemption from City of Houston's Pay or Play policy due to following: *(Check the appropriate box.)*

- I am less than 18 years old.
- I have other health coverage (e.g. through spouse/parents)
- I have my coverage through Medicare/Medicaid (proof will be required)
- I declined the coverage because _____

The cost of health benefits offered to me was:

1. My Contribution (**Employee**) \$_____ per pay check (**biweekly**) OR per month
2. Employer's Contribution (**Contractor**) \$_____ per pay check (**biweekly**) OR per month

Employee Signature

Employee Printed Name

NOTARY PUBLIC

The State of _____, County of _____

Before me, a Notary Public, on this day personally appeared _____, known to me (or proved to me on the oath of _____), to be the person whose name is subscribed to the foregoing instrument and acknowledged to me that he executed the same for the purpose and consideration therein expressed.

Given under my hand and seal of office, this _____ day of _____, A.D. 20____.

Notary Public, State of Texas or _____
(Your State)

My commission expires The ____ day _____ of 20_____

Do not write below this line, Department use ONLY

Contracting Department Recommendation: Approve [] Disapprove [] POP Liaison Sign: _____

City of Houston – Office of Business Opportunity: ACTION: [] Approved [] Disapproved

Signature: _____ **Print Name:** _____ **Date:** _____

Important: Please note that this employee exemption is based on good faith. If the above information is found to be incorrect or submitted coercively, the exemption will be cancelled retroactively and will be null and void. In addition, the contractor will have to pay the amounts due towards POP as determined by the Office of Business Opportunity of City of Houston.