

2021 Waiver of Coverage - Owensboro Union

Personal Information

Print Name (Last, First, Middle Initial):	Date of Birth (MM/DD/YYYY):
Social Security Number:	Phone Number:

I wish to Opt-Out the following individual(s) (Check one box):

- Myself Myself + Children My Spouse
 Myself + Spouse Myself + All Dependents

By selecting the checkbox above, I am declining medical and prescription drug coverage offered by Asahi KASEI (Polypore International, LP) for those individual(s) indicated for the 2021 Plan Year (January 1 – December 31). All members of my Tax Family¹ have or will have Minimum Essential Coverage for the entire Plan Year. Minimum Essential Coverage does not include coverage purchased on the individual market, whether or not obtained through the Marketplace. I understand that this attestation is required annually to continue receiving the opt-out bonus. The opt-out-bonus is not payable if we know or have reason to know that you or any member of your Tax Family¹ does not or will not have the required alternative coverage.

¹Tax Family – includes the employee and all other individuals for whom the employee reasonably expects to claim a personal exemption deduction for the taxable year or years covered by the opt-out time period.

I understand that by declining coverage at this time, I will not be able to enroll myself, my spouse, or my eligible dependents (those in my Tax Family¹) until the next annual open enrollment period, unless I experience a change in status. The IRS permits you to change your benefit elections mid-year under Section 125, only if you experience a change in status, which includes the following:

- Birth, placement for adoption, adoption of a child or being subject to a Qualified Medical Child Support Order
- Marriage, legal separation, annulment, or divorce
- Death of a spouse or dependent
- A change in employment status that affects eligibility under the Plan
- A change in election that is on account of and corresponds with a change made under another employer plan
- A dependent satisfying or ceasing to satisfy eligibility requirements under our medical plan
- Electing coverage under the Marketplace (also known as the Exchange).

I will receive the following in my paycheck per month based on my dependent status: **Employee only opt out: \$75, Employee + Children Opt Out: \$75, Employee+ Spouse Opt Out: \$100, Family Opt Out: \$100 or Spouse Only Opt Out: \$75.**

I understand the following by waiving Asahi KASEI's (Polypore International, LP's) coverage:

1. In lieu of coverage, I will be paid opt-out cash per pay period based on my selection indicated above.
2. This option is a taxable benefit and is subject to FICA, federal, state and city tax. If, during the Plan Year, I lose my other medical coverage for myself or my dependents, and want to enroll in this Plan, I must notify the human resources department within 30 days of lost coverage. I will be required to provide proof of lost coverage (i.e., insurance cancellation notice, divorce decree, etc.)
3. This election binds me for the entire Plan Year January 1, 2021 - December 31, 2021. Therefore, my benefit election cannot be changed unless a family status change occurs. These changes must be reported to the human resources department within 30 days of occurrence in order to be allowed to enroll in benefit options.
4. If I terminate employment during the Plan Year or enroll my dependents due to a family status change, I forfeit any remaining waiver of coverage opt-out cash.

Making false statements about satisfying eligibility criteria, failing to notify Asahi KASEI (Polypore International, LP) of loss of eligibility within 30 days or failing to provide documentation when requested will lead to de-enrollment of the family members and possible legal action. In addition, employees will be subject to disciplinary action, up to and including termination, and will be responsible for any employer contributions to and benefits paid by the plan for the ineligible coverage.

Any person who knowingly with intent defrauds any insurance company or other person, files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

Employee Signature: _____ Date _____