



City of  
**Pittsburg**  
California

**City of Pittsburg  
Medical Alternative Waiver Statement**

Employee Name \_\_\_\_\_ Department \_\_\_\_\_

**Medical Alternative Statement**

I hereby waive health insurance plan coverage through the City as I am covered as a dependent under the health insurance plan described below. In consideration of this waiver, I understand that the City shall pay me additional monies in accordance with my collective bargaining agreement. I understand that if I waive health insurance plan coverage there are restrictions on when I may later enroll into health insurance sponsored by the City. I am eligible to enroll only during Open Enrollment or if I become eligible for one of the following "Special Enrollment" reasons:

- Family Unit change due to new dependents within 30 days after marriage, birth, or adoption.
- Loss of other coverage within 30 days after loss
- Court or administrative order within 31 days of order
- Reemployment after military service

The City shall provide a medical/dental alternative payment to those employees eligible for medical/dental coverage and who provide verification of medical coverage. For employees declining coverage, the following medical/dental alternative payment will be paid:

Medical Single Coverage	\$200/month
Medical Dual Coverage	\$300/month
Medical Family Coverage	\$500/month
Dental Coverage	\$25/month

**Medical Waiver**

- For myself (single coverage)
- For myself and one dependent (dual coverage)
- For my family (family coverage)

**Attached are copies of the health plan membership cards for myself and all covered dependents.**

**Dental Waiver - I am declining coverage because:**

- I have coverage through my spouse's policy.
- Other (specify) \_\_\_\_\_

I certify that the information contained in this form is correct and understand that falsification of this form is grounds for disciplinary action.

Employee Signature \_\_\_\_\_ Date \_\_\_\_\_

**Once form is completed, please save and send to [HR@pittsburgca.gov](mailto:HR@pittsburgca.gov).**

**Human Resources Use Only**

Verification received by \_\_\_\_\_ On \_\_\_\_\_ Amount \_\_\_\_\_  
Effective \_\_\_\_\_

Finance has been advised of approval.