

VCSBSA Member Districts & Charters

DECLINATION OF COVERAGE FOR FULL TIME EMPLOYEES ELECTING THE WABE OPTION

VCSBSA Districts & Charters participate in the SISC health benefits program which requires 100% participation of all full-time employees. This means that full time employees working 90% or more of their applicable job classification are required to enroll in a SISC medical plan option.

If you are covered through another health plan and therefore do not wish to enroll in the SISC medical plan, the WABE premium option is now available.

The WABE premium allows you to decline the SISC Medical coverage while the WABE premium is paid to SISC on your behalf. This option allows you to maintain your membership in SISC as a full-time employee without enrollment in a SISC medical plan.

If you choose this option, the election is made for the entire plan year. You and your eligible dependents will not be allowed to enroll in a SISC plan until the next Open Enrollment Period or as the result of a qualifying event:

- **Loss of Coverage:** You may enroll yourself or your dependents provided you notify the district and provide supporting documentation within 30 calendar days of loss of coverage. *Effective April 1, 2009, loss of coverage under a Medicaid plan, loss of coverage under Children's Health Insurance Program (CHIP) or eligibility to participate in a premium assistance program under Medicaid or CHIP gives rise to special enrollment rights. You must notify the district within 60 calendar days of loss of coverage or becoming eligible for premium assistance.* You must submit a completed and signed enrollment form along with evidence of the loss of coverage.
- **New Dependent:** If you have a new dependent as the result of marriage, birth, adoption, placement for adoption, or placed in your home as a result of court ordered custody or guardianship, you may enroll yourself and your dependents, provided you request enrollment within 30 calendar days following the date of this event. Again, you must submit a completed and signed enrollment with supporting documentation of the event.

I have read and understand the above notification and wish to participate in the WABE program.

I understand that I am declining enrollment onto a SISC medical plan effective **10/01/2025 through 09/30/2026** and that my district/charter will be contributing WABE premium to the SISC Health Benefits program on my behalf. As long as I remain a full-time employee, I will continue to be a part of the SISC program and considered a SISC member in the following services for the 2025-2026 plan year.

- MDlive – 24/7 physician line
- EAP – Employee Assistance Program
- Advance Medical – Expert Medical Opinion
- Biometric Screenings

I understand that I will not be able to enroll in coverage until the district's next Open Enrollment period unless I experience a mid-year qualifying event and provide supporting documentation to my district within 30 days.

District/Charter: _____

Print Name: _____

Signature: _____ Date: _____

Social Security Number: _____