



Offer of Insurance Coverage Transient Employees

Employee Name (please print) _____

As a Transient Employee, **working at least 30 hours per week for an appointment lasting more than 120 days**, I have been offered group health coverage by the LSU AgCenter.

I choose to:

Enroll in _____ (plan name)

or

Waive coverage at this time. _____
initials

Employee Name (Please Print)	Social Security number (last 4 digits)
Signature:	Date:
X	

LSU AgCenter coverage offered to you satisfies its obligations under the Affordable Care Act. As an eligible, employee of LSU AgCenter, you have received an offer of health insurance coverage. The following information is to advise you of certain adverse consequences if you do not accept this offer. There may be others besides those discussed below:

- Unless you have coverage that satisfies your individual responsibility under the Affordable Care Act, you may be assessed a tax penalty for your failure to obtain coverage.
- If you apply to purchase a Qualified Health Plan through the Marketplace, you may be ineligible to receive a reduction of your monthly premium or premium subsidy, even if you meet related household income standards due to your decision to decline coverage through your employer. Your share of the premium for Marketplace coverage will be paid with after tax dollars.
- If your employment should end during the period of the coverage that you declined, you will not be eligible for COBRA continuation coverage. Each member of your household who is eligible for the dependent coverage now offered to you may suffer the same or similar consequences.
- Your next opportunity to obtain coverage through this job for yourself, your spouse, and/or your dependent children will come with a qualifying event or at the next Annual Open Enrollment period, assuming that you remain employed in an eligible position.