



# City of Providence Local Union 1033 Opt Out Form

Completed and signed forms with proof of alternate coverage must be submitted to the Benefits Office via email to [benefits@providenceri.gov](mailto:benefits@providenceri.gov) by **June 1, 2021**.

I, \_\_\_\_\_,  
**(EMPLOYEE NAME – please print)**

Hereby certify that I have alternate healthcare coverage and request to receive a cash payment from the City of Providence in lieu of medical coverage (which includes prescription coverage) for the period of **July 1, 2021 to June 30, 2022**.

Under the Collective Bargaining Agreement, I am not eligible to opt out of Dental coverage.

I understand that should I lose my alternate coverage after declining City coverage, I will be re-enrolled in the City plan the first of the month following my notification to the City. **If I opt back into City benefits midyear, it must be as a result of loss of other coverage, and I will not receive partial year payment.**

I recognize that I will not be eligible for this cash payment unless my request is approved by the Benefits division of the Human Resources Department.

I understand that my alternate coverage must be equivalent coverage to that provided by the City and that my alternate coverage cannot be coverage provided by the City.

I hereby decline the following coverage and elect the cash payment, which shall be paid in **July 2022: (check the box that applies)**

- |                          |                                |            |
|--------------------------|--------------------------------|------------|
| <input type="checkbox"/> | Healthcare Individual Coverage | \$ 750.00  |
| <input type="checkbox"/> | Healthcare Family Coverage     | \$1,500.00 |

As evidence of alternative coverage, I hereby attach a copy of my alternative coverage card or plan. If declining Family coverage, you must submit copies of at least two family members' alternate coverage cards.

\_\_\_\_\_  
**SIGNATURE**

\_\_\_\_\_  
**DATE**

Office Use Only

Approved \_\_\_\_\_

Disapproved \_\_\_\_\_

Forwarded On \_\_\_\_\_