



Lisette Estrella-Henderson, Superintendent of Schools
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Waiver of Medical Coverage for 2024

I DECLINE ENROLLMENT into the CalPERS Health Program for myself and my dependents. I understand that lowest cost employee only plan in Solano County for 2024 is \$807.23 per month prior to the employer contribution.

I understand that if I choose to enroll at a later date, I must wait at least 90 days after I request enrollment or until the next Open Enrollment (OE) period before enrolling in the CalPERS Health Program. Furthermore, if I or my dependents involuntarily lose other health insurance coverage, I may request enrollment into the Program within 60 days from the date of lost coverage. If I do not request enrollment within 60 days, I must wait at least 90 days or until the next OE period before I can enroll. The effective date of coverage will be the first of the month following the 90-day waiting period or the OE effective date.

Employee Name: _____

Employee ID Number: _____

Signature: _____ Date: _____

Please return this form to the Payroll Department if you are choosing not to participate in the CalPERS Health Program for this year. It can be returned via courier, regular mail, or by email to scoepayroll@solanocoe.net. If you have any questions, please send an email to scoepayroll@solanocoe.net or call (707) 399-4421 or (707) 399-4424.