

**RHODE ISLAND SCHOOL OF DESIGN  
2025 FULL-TIME FACULTY & LIBRARIAN GROUP MEDICAL INSURANCE  
WAIVER FORM**

**The conditional opt-out (buy-out) payment is considered taxable income. The benefit consists of \$1000 and will be paid in February's payroll. This benefit is only available during the open enrollment period, October 28, 2024 to November 15, 2024. To receive the buyout payment in February 2025 this waiver form and proof of other insurance must be provided to HR no later than November 15, 2024 and each subsequent year an employee participates in the benefit.**

EMPLOYEE NAME: \_\_\_\_\_

Please Print

I understand and certify that by signing this waiver form, my eligible tax dependents and I have elected not to participate in any of the medical insurance coverage benefit plans provided by Rhode Island School of Design for calendar year \_\_\_\_\_ and that my eligible tax dependents and I have minimal essential group coverage\* during the period of coverage to which the opt-out applies. Attached is a copy of a valid and current subscriber identification card confirming proof of this group health insurance plan and coverage for both my dependents and I.

I understand it is my responsibility to notify Human Resources if for any reason my current health insurance ends and acknowledge if I terminate employment prior to the end of the calendar year or lose my other coverage and wish to return to RISD coverage, the prorated buy-out amount must be repaid to RISD.

I certify that no other member of my immediate family is enrolled in a health insurance plan with the Rhode Island School of Design.

Proof of other insurance has been attached.

\* Minimal essential coverage is group coverage and is not satisfied by enrollment in a plan through the individual market, either through the Marketplace or directly with an insurer or carrier.

\_\_\_\_\_  
Signature of Employee

\_\_\_\_\_  
Signature of HR Representative