

**ATTESTATION OF ENROLLMENT – CITY OF CINCINNATI RETIREES  
IN A NON-CITY OF CINCINNATI EMPLOYER GROUP HEALTH PLAN**

Retiree Name: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Email: \_\_\_\_\_

**This form applies to individuals who participate in the Integrated HRA and hereby waive enrollment in the City of Cincinnati Anthem 80/20 medical plan.**

To participate in this program, retirees, spouses, and eligible dependents must provide proof of enrollment in a non-City of Cincinnati group health plan. By signing below, I certify that:

-- The City of Cincinnati Retirement has offered me and/or my spouse and/or my eligible dependents a group health plan that does not consist solely of “excepted benefits” under the Affordable Care Act of 2010 (“ACA”).

-- I and/or my spouse and/or my eligible dependents are enrolled in a group health plan of another employer (such as my spouse/equal partner’s employer) (my Alternate Group Health Plan) that does not consist solely of “excepted benefits” under the ACA (such as limited-scope dental or vision coverage), nor does it consist solely of a “health reimbursement arrangement”(reimbursement of health care expenses up to a dollar limit).

-- I understand that by enrolling in the HRA, I am waiving participation in the City of Cincinnati group health plan.

For confirmation that my alternate group health plan meets the IRS's definition of minimum value and does not consist solely of an HRA, please contact the benefits coordinator at the other employer.

I further certify that my alternate coverage is not:

- A High Deductible Health Plan (HDHP) **with** active contributions to a health savings account (HSA); however, **it is acceptable alternate coverage** if contributions can be waived. A spouse who is not enrolled in the Integrated HRA may contribute to an HSA and use the HSA funds.
- The HSA funds CANNOT be used for medical expenses for members enrolled in the Integrated HRA
- Medicare, Tricare (retiree only), VA health care or Medicaid
- Health Insurance Coverage made available thru the Affordable Care Act
- Individual policy or Limited Benefit Health Plans
- You are NOT eligible if your alternate coverage is through another City of Cincinnati employee/retiree

\_\_\_\_\_  
Retiree Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Spouse ONLY IF ELIGIBLE FOR HRA

\_\_\_\_\_  
Date

For more information, please contact CRS at 513-352-3227

**PLEASE COMPLETE THIS FORM AND SEND TO CINCINNATI RETIREMENT SYSTEM VIA EMAIL, FAX, or MAIL.**

**Cincinnati Retirement System**  
801 Plum Street Suite 328  
Cincinnati, OH 45202  
[CRSHealthcare@cincinnati-oh.gov](mailto:CRSHealthcare@cincinnati-oh.gov)  
FAX 513-352-1520