



# Azusa

## Unified School District

### Board of Education

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**To:** TSA In Lieu of Health Insurance Participants  
**Subject:** 2021-2022 TSA Insurance Waiver Form

The TSA in Lieu of Health Insurance coverage is limited to those employees currently receiving a TSA in Lieu of Health Insurance for the 2020-2021 school year. No new TSA enrollments will take place once health insurance has been elected. In order to qualify every year, employees who participate are required to complete an insurance waiver form, and provide a copy of their current medical insurance card to American Fidelity during 2021-2022 open enrollment and provide the following documents: a completed insurance waiver form and a copy of your current medical insurance card.

Medical cards must state the name of the employer, if your medical card does not state the name of your employer you may submit a letter stating proof of group coverage from the insurance company. Keep in mind that medical cards provided by Kaiser Permanente do not identify "Group Coverage" on the form. To show proof of group coverage contact Kaiser Permanente Member Services. Please be aware that independent, individual/family type plans will not be accepted, as these plans do not qualify as "Group Coverage."

Please note that you will be only waiving your medical insurance coverage. You will still be entitled to sign up for the dental and vision insurance coverage during open enrollment.

### **ENROLLMENT SCHEDULE AND DETAILS**

This year's enrollment is from May 17, 2021 - June 25, 2021. To schedule your appointment please use the following link:

<https://benefits.americanfidelity.com/azusa-unified-school-district>

During the meeting, you will also have the opportunity to receive information from American Fidelity about voluntary benefit options that could be important to you and your family; including but not limited to disability income protection, life insurance, and cancer insurance.

**There is no obligation to purchase voluntary insurance through American Fidelity.**

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AZUSA UNIFIED SCHOOL DISTRICT AUTHORIZATION FOR  
TSA IN LIEU OF EMPLOYEE HEALTH INSURANCE

Name: Last: \_\_\_\_\_ First: \_\_\_\_\_ Middle: \_\_\_\_\_

Social Security/Employee Identification Number: \_\_\_\_\_

I hereby certify that the benefits provided under the District Group Health Plan made available by the Azusa Unified School District have been explained to me. I have been given an opportunity to enroll in the plan and decline to do so because I am covered under a plan provided by my spouse's employer or group coverage.

In Lieu of the medical plan , I agree to accept a TSA as provided by the District.

Name of Spouse/Domestic Partner: \_\_\_\_\_

Spouse/Domestic Partner Employer: \_\_\_\_\_

Name of Company Insuring Spouse/Domestic Partner: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Click Fill and Sign to insert your signature

 Sign to sign

I wish to waive participation in the following insurance/benefit program(s) offered by AUSD:

Dental:

Vision:

Signature: \_\_\_\_\_

Click  Sign to sign

COPY OF GROUP INSURANCE CARD/PROOF IS REQUIRED FOR ALL EMPLOYEES NOT  
PARTICIPATING IN A HEALTH PLAN OFFERED THROUGH AZUSA UNIFIED