



**ATTESTATION OF ENROLLMENT  
IN A NON-AUSTAL, USA, LLC EMPLOYER GROUP HEALTH PLAN**

Employee Name: \_\_\_\_\_ Work Phone: \_\_\_\_\_  
 Work Location: \_\_\_\_\_ Email: \_\_\_\_\_

**This form applies to individuals who participate in the MERP and who waive coverage in the Austal Health Plan.**

Employees, spouses and eligible dependents who are waiving coverage in the Austal Health Plan certify that:

-- Austal 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 Alternate Coverage (such as my spouse's employer) 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 this MERP, I am waiving participation for the MERP participants in the Austal Health Plan for my covered MERP enrollees as follows:

_____	_____
Name	Name
_____	_____
Name	Name

Attach a separate sheet if space is needed for additional participants

For confirmation that the Alternate Coverage 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:

- High Deductible Health Plan (HDHP) **with** active contributions to a health savings account (HSA); however, as long as your spouse is not enrolled in the MERP, your spouse may contribute to an HSA and use the HSA funds. The HSA funds CANNOT be used for medical expenses for members enrolled in the MERP. All members may use the HSA funds for dental and/or vision as long as those expenses are not covered by the MERP.
- Medicare, Tricare or Medicaid
- Health Insurance Coverage made available thru the Affordable Care Act
- Individual policy
- Limited Benefit Health Plans
- You are NOT eligible if your Alternate Coverage is through another Austal employee

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Spouse's Signature ONLY IF ELIGIBLE FOR MERP

\_\_\_\_\_  
Date

For more information, please contact Catilize Health @ 877-872-4232

**PLEASE COMPLETE THIS FORM AND SEND TO SHERYL WAINWRIGHT VIA EMAIL OR MAIL:**

**Sheryl Wainwright  
Austal, USA, LLC  
100 Addsko Road  
Mobile, AL 36602  
Sheryl.wainwright@austalusa.com**