



City of Houston Pay or Play (POP) Program Employee Waiver Request



Only completed and original notarized forms will be accepted.

Prime: _____ Subcontractor: _____ Vendor# _____

Contract # & Description: _____ Contracting Department: _____

We, hereby submit this POP Program Employee Waiver Request for the employee listed below. The employee was offered health benefits in accordance with the POP Program EO1-7. At this time the subject employee has elected not to accept the health benefits offered due to the reason selected below. The notarized affidavit of the employee is appended below for your consideration.

Prime/Sub Representative Signature & Date

EMPLOYEE AFFIDAVIT

ALL parts of this section must be completed in full by the employee

I, _____, hereby request exemption from City of Houston's Pay or Play policy due to following: **(Check the appropriate box.)**

- I am less than 18 years old.
- I have other health coverage (e.g. through spouse/parents, proof required).
- I have my coverage through Medicare/Medicaid (proof required).
- I declined coverage because _____.

The cost of health benefits offered to me were:

1. My Contribution (**Employee**) \$_____ per month.
2. Employer's Contribution (**Contractor**) \$_____ per month.

Employee Name Employee Signature & Date

Notary Public

The State of _____, County of _____.

Before me, a Notary Public, on this day personally appeared _____, known to me (or proved to me on the oath of _____, to be the person whose name is subscribed to the forgoing instrument and acknowledged to me that he executed the same for the purpose and consideration therein expressed.

Given under my hand and seal of office, this _____ day _____ of 20_____.

Notary Public, State of Texas or _____ (Your State)

My commission expires, The _____ day _____ of 20_____.

City of Houston – Office of Business Opportunity Use Only

Action: [] Approved [] Disapproved

Signature: _____ Date: _____

Print Name: _____



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