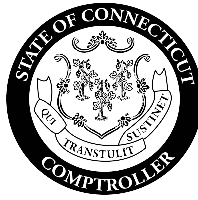
APPLICATION FOR EXEMPTION RETIREE HEALTH FUND

CO-1304 (Rev. 8/2023)



HEALTHCARE POLICY & BENEFIT SERVICES DIVISION

Employees: Return this form to your agency staff/ HR

EMPLOYEE INFORMATION	Last Name	First Name, Middle Initial	Employee Number
	Street Address		Job Record Number
	City, State, Zip Code		Social Security Number
	Agency Dept. ID	Employee Phone Number	Date of Hire

WAIVER OF RETIREE HEALTH PLAN PARTICIPATION

I hereby waive my right to participate in the State of Connecticut retiree health insurance/medical benefit program. I understand that my eligibility to waive participation in this program and to be exempt from the obligation to contribute the required percentage of my compensation to the State of Connecticut Retiree Health Fund is contingent upon my providing proof that I am eligible for coverage under another retiree health benefit plan (excluding Medicare, COBRA, or a spousal plan coverage). I understand that I must submit a signed Affidavit (CO-1303) from my former employer providing such coverage in order to have this application for exemption approved.

I understand that this waiver cannot be revoked unless the third-party medical coverage, upon which this waiver is based, becomes unavailable to me, other than as a result of my own choice or action. In the event that my third-party retiree health care coverage becomes unavailable, I acknowledge that I will be required to contribute the required percentage of my compensation to the State of Connecticut Retiree Health Fund for the time period specified in the applicable collective bargaining agreement in order to qualify for State of Connecticut retiree health benefits.

Employee Signature	Date

INSTRUCTIONS: No Exemption will be authorized until employee has submitted proof of other retiree coverage (completed CO-1303) and agency has been notified that the Application for Exemption has been approved by Comptroller's Office.

Authorized Agency Signature	Agency Phone Number	Date
Agency Contact (Print Name)	Agency Contact email address	

Agencies: Mail completed form to OSC, 165 Capitol Avenue, Hartford, CT 06106