



MID-YEAR ELECTION ATTESTATION – COVID-19

Name: _____

W# _____

I attest that I am in an eligible class to participate in the Maryland State Employee and Retiree Health and Welfare Benefits Program. Premium contributions will be payable either via payroll deduction or direct pay coincident with my effective date. This includes any changes made to my Healthcare and/or Dependent Care Flexible Spending account(s) up to the maximum election.

Further, I attest that I (including eligible family members) am NOT enrolled in one of the following types of coverage: (1) employer-sponsored health coverage through the employer of my spouse or parent; (2) individual health insurance coverage enrolled in through the Health Insurance Marketplace (also known as the Health Insurance Exchange); (3) Medicaid; (4) Medicare; (5) TRICARE; (6) Civilian Health and Medical Program of the Department of Veterans Affairs (CHAMPVA); or (7) other coverage that provides comprehensive health benefits (for example, health insurance purchased directly from an insurance company or health insurance provided through a student health plan).

Signature: _____