# **HCSP** Waiver of Participation

Employees must participate in the plan adopted by their bargaining unit or employer. However, you may opt out of the Plan if you are:

• eligible for TRICARE retiree benefits;

*Please note*: to apply for a waiver, you must already have 20 years of military service and therefore, are eligible for TRICARE **retiree** benefits now **or** in the future

- eligible for V.A. medical benefits due to a service-connected disability;
- a foreign national who plans to return to your country of origin; or
- eligible for **comprehensive health care insurance** through another documented source. The insurance coverage must be: a) provided until death; b) 70% of the cost is covered by the employer; and c) provided by a source other than the employer who sponsored the HCSP (coverage can be provided by a former employer or spouse's employer).

NOTE: Medicare does not qualify as comprehensive insurance coverage under the HCSP opt out provision.

#### Before you waive coverage

It is important that you understand the benefit of having an HCSP account to help you pay for rising health care costs, not just in retirement, but anytime after you leave Minnesota public employement. To learn more, see <u>Considering opting out of the HCSP</u>

#### Waiving participation is irrevocable

You will not have another opportunity to participate in the HCSP, even if you change jobs and are employed by another Minnesota public employer.

### To opt out of the HCSP

- 1. Contact the MSRS Service Center at 1-800-657-5757 to obtain the appropriate waiver form.
- 2. Send your completed waiver form and supporting documentation to MSRS (see form for instructions).
- 3. If you eligible to waive participation, MSRS will send confirmation to you and your employer.

## MSRS cannot refund or reverse contributions applied to account prior to the approval of the waiver.

Contributions made to the HCSP prior to the approval of the waiver will remain in your account. The funds can be accessed for reimbursement of eligible out-of-pocket medical expenses incurred after you leave employment. If you believe contributions were remitted by the employer in error, please contact your human resource/benefits department to discuss your options.