



**Gateway Security, Inc.
Biweekly Payroll Authorization Form / Waiver Form
For 2020/2021 Plan Year
Effective 6/1/2020**

Please check one, accepting enrollment in Minimum Essential Coverage, or declining coverage for this initial open enrollment period:

**Minimum Essential Coverage (MEC)
Superior Plan**

Single (pre-tax employee deduction)	\$20.77	<input type="checkbox"/>
Parent/Child(ren) (pre-tax)	\$64.62	<input type="checkbox"/>
I Decline All Coverage Offered to Me at Time of Eligibility		<input type="checkbox"/>

Name: _____

Social Security Number: _____

Signature: _____

Date: _____

By signing above, I agree to have the following deduction taken from my paychecks effective with the next pay period after 6/1/2020 or the first pay period after my effective date of coverage. I understand that the deduction corresponds to my minimum essential coverage benefits election and will remain in place until next contract period, on or about 6/1/2021. If I declined coverage I understand that I may not have the opportunity to enroll again until next year's open enrollment period unless I experience a qualified life event.