Acknowledgement of Ineligibility for Employer Sponsored Health Coverage

ARCHDIOCESE OF NEW ORLEANS

I understand that, because I do not meet the eligibility requirements, I am not receiving an offer of employer sponsored health insurance from The Archdiocese of New Orleans for the plan year effective / / . If I do meet the eligibility requirements in the future, I will receive an offer of coverage at that time.

Name of Staff Member (Printed) **Signature of Staff Member** **Date**

As a representative of The Archdiocese of New Orleans, I have received this Acknowledgment of Ineligibility from the above staff member.

Name of Site Administrator (Printed) **Signature of Site Administrator** **Date**

Location