



# City of Houston Pay or Play (POP) Program Employee Waiver Request

POP-8

Contractor Name: \_\_\_\_\_ ( ) Contractor ( ) Sub-Contractor. Vendor No.: \_\_\_\_\_

Contract # & Description: \_\_\_\_\_ Contracting Dept \_\_\_\_\_

We, hereby submit POP program waiver request for the following employee. The employee was offered health benefits as per POP policy and extended all reasonable help to make him/her understand advantages of having health benefits. However, after due consideration the subject employee elected not to accept the offer with his/her own free will without any coercion. The notarized affidavit of the employee is appended below for your consideration.

\_\_\_\_\_  
Contractor Representative & Title

\_\_\_\_\_  
Signature & Date

### EMPLOYEE AFFIDAVIT

I, \_\_\_\_\_, hereby request exemption from City of Houston's Pay or Play policy due to following: *(Check the appropriate box.)*

- I am less than 18 years old.
- I have other health coverage (e.g. through spouse/parents).
- I have my coverage through Medicare/Medicaid (proof will be required)
- Others (Please give other reasons):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_.

The cost of health benefits offered to me was:

1. My Contribution (Employee) \$ \_\_\_\_\_  per pay check OR  per month  
(please check the appropriate period).
2. Employer's Contribution (Contractor) \$ \_\_\_\_\_  per pay check OR  per month  
(please check the appropriate period)

\_\_\_\_\_  
Employee Name

\_\_\_\_\_  
Employee Signature

**Note: If you need more information, please call Affirmative Action of City of Houston at 713-837-9028**

### NOTARY PUBLIC

The State of Texas, County of \_\_\_\_\_

Before me, a Notary Public, on this day personally appeared \_\_\_\_\_, known to me (or proved to me on the oath of \_\_\_\_\_), to be the person whose name is subscribed to the foregoing instrument and acknowledged to me that he executed the same for the purpose and consideration therein expressed.

Given under my hand and seal of office, this \_\_\_\_\_ day of \_\_\_\_\_, A.D. 20\_\_\_\_.

\_\_\_\_\_  
Notary Public, State of Texas

My commission expires the \_\_\_\_ day of \_\_\_\_ 20\_\_\_\_

**Important: Please note that this employee exemption is based on good faith. If the above information is found to be incorrect or submitted coercively, the exemption will be cancelled retroactively and will be null and void. In addition, the contractor will have to pay the amounts due towards POP as determined by Affirmative Action and Contract Compliance Department of City of Houston.**