

Employee's Waiver of Health Care Coverage

If you decline to enroll either yourself or your eligible family members in the healthcare coverage offered by your employer, we ask that you complete this form. **Qualified late enrollees who decline coverage may not reapply for coverage until their employer's policy renewal date.**

MEDICAL: I certify that I have been informed of the availability of coverage under my employer's health benefit plan, but I choose not to enroll (please check all that apply and list each eligible family member's name):

myself my spouse: _____ my eligible child(ren): _____

I have chosen to decline healthcare coverage at this time because:

I and/or my dependents have other group or individual coverage with
(name of insurance company) _____ through
(insured's name and relationship) _____

DENTAL: I certify that I have been informed of the availability of coverage under my employer's dental plan, but I choose not to enroll (please check all that apply and list each eligible family member's name):

myself my spouse: _____ my eligible child(ren): _____

I have chosen to decline dental coverage at this time because:

I and/or my dependents have other group or individual coverage with
(name of insurance company) _____ through
(insured's name and relationship) _____

Is your current employer contributing toward your other coverage? Yes No

Other reason(s) to waive coverage (please specify): _____

I understand that, at this time, if I decline coverage offered by my employer for myself or my eligible family members, and then choose to apply for coverage later, the opportunity will be limited to open enrollment, except in the following instances:

1. The individual meets each of the following:
 - a. The individual was covered under qualifying previous coverage at the time of the initial enrollment;
 - b. The individual lost coverage under qualifying previous coverage as a result of termination of employment or eligibility, the involuntary termination of the qualifying previous coverage;
 - c. The employer stops contributing towards your or your dependents' other coverage; and
 - d. The individual requests enrollment within thirty (30) days after termination of the qualifying previous coverage.
2. The individual is employed by an employer that offers multiple health benefit plans and the individual elects a different plan during an open enrollment period;
3. A court has ordered that coverage be provided for a spouse or minor or dependent child under a covered employee's health benefit plan and request for enrollment is made within thirty (30) days after issuance of the court order; or
4. If an individual seeks to enroll a dependent during the first sixty (60) days of eligibility, the coverage of the dependent shall become effective:
 - a. in the case of marriage, not later than the first day of the first month beginning after the date the completed request for enrollment is received;
 - b. in the case of a dependent's birth, as of the date of such birth; or
 - c. in the case of a dependent's adoption or placement for adoption, the date of such adoption or placement for adoption.

Please print name

Name of group

Social Security number

Group number

Employee's signature

Date

Group administrator's signature

Date