

WAIVER OF EMPLOYER SPONSORED HEALTH INSURANCE COVERAGE

You have the option to waive coverage under the [Employer] health plan. In deciding to waive coverage you should be aware of the following information:

- Unless you sign a waiver stating that you are covered under another plan, such as a spouse's plan, Medicaid, or Medicare, you cannot enroll in the Employer's health plan until the next open enrollment. However, if you are covered under another plan, but that coverage is lost, you can enroll in your Employer's health plan immediately. There's a time limit for enrolling after the other coverage is lost: you must request to enroll in your plan within 30 days of losing the other coverage.
- If you gain a new dependent through birth, adoption or marriage, you may enroll yourself, the new dependent, and the entire family at that time, but you must do so within 30 days of gaining the new dependent. If you miss the 30-day enrollment deadline, you must wait until open enrollment.

If you waive coverage for yourself, you may not cover dependents under the Employer's health plan.

I acknowledge that the Employer has offered me the opportunity to enroll myself and my eligible dependents in the [Company] health plan, for the period from _____ to _____, and I am choosing to decline the coverage.

I have read the information above. I understand the consequences of my waiver of coverage.

Name of Employee

Signature of Employee

Date

Time