



Employee Waiver of Health Care Coverage Agreement

I have been informed of the availability of health care coverage under my employer's health benefit plan and I understand that I am currently eligible or I have a waiting/probationary period that will end within 90 days of my employer's effective date of ____/____/____ and I will be eligible for health coverage once the waiting/probationary period is satisfied.

(If you intend to enroll after your waiting/probationary period, you should complete an enrollment form instead of waiving).

I am not enrolling at this time (please check all that apply) myself, my spouse, or my eligible child(ren) for the following reason:

- I have other group coverage through my spouse's employer.
Group Name and Policy # _____
- I have other individual coverage.
Policy # _____
- Other reason (s) to waive coverage (please explain): _____

Notice of Special Enrollment Rights:

I understand that if, at this time, I decline coverage offered by my employer for myself or my eligible dependents and choose to enroll for coverage later that the insurer may exclude coverage, except in the following instances:

- I. 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; and
 - c. The individual requests enrollment within thirty (30) days after termination of the qualifying previous coverage.
- II. 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
- III. An individual has sixty (60) days to enroll a dependent for the following instances and the dependent shall become effective:
 - a. For marriage, the first day of the month beginning after the date the completed enrollment is received;
 - b. In the case of a dependent's birth, as of the birth date.
 - c. In the case of a dependent's adoption or placement for adoption, the date of such adoption or placement for adoption.
- IV. Primary Health Plan will apply creditable coverage for the period of time an individual was previously covered by a qualifying previous coverage, provided the qualifying previous coverage was continuous to a date not more than sixty-three (63) days prior to the effective date of the new coverage.

Please Print Name

Name of Group

Social Security Number or Employee Number

Employee's Signature

Date