

## DECLINATION OF COVERAGE



I hereby acknowledge that I have been offered group coverage under my employer's medical health program for myself and/or my dependents.

However, I am declining coverage for myself and any eligible dependents. I understand that in order to cover any eligible dependents, I must also be covered.

### **Late Enrollee**

I understand that if I do not enroll myself and/or my eligible dependents within 31 days of first becoming eligible, I may do so later as a "late enrollee." Depending on the conditions of my group policy, I will need to wait until the group's annual open enrollment period to enroll myself and/or my dependents.

### **Open Enrollment**

Applicants will not be allowed to enroll themselves and/or their dependents until the next open enrollment period.

However, as an eligible individual, I shall not be considered a late enrollee if I am entitled to enroll in accordance with the "Special Enrollment Rights" described below.

### **Special Enrollment**

I further understand that if I am declining enrollment for myself and/or my dependents(s) (including my spouse) because of other coverage, I may in the future be able to enroll myself or my dependent(s) in this plan provided that I request enrollment within 30 days after my other coverage ends. In addition, if I have a new dependent as a result of marriage, birth, adoption, or placement for adoption, I may be able to enroll myself and my dependents, provided that I request enrollment within 30 days after the marriage, birth, adoption, or placement for adoption.

Coverage for either enrollment circumstances will begin at the group's first premium payment date following application.

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Employee Name (print)

\_\_\_\_\_  
Employer Name (print)