MEDICAL / DENTAL WAIVER

IMPORTANT!

Complete this page only if you DO NOT WANT MEDICAL OR DENTAL COVERAGE for yourself and/or your eligible dependents. If offered by your employer, the life coverage benefit cannot be waived and you are required to complete an Enrollment Application. Chiropractic coverage cannot be waived when enrolling for medical coverage.

A. Personal Information

Name of Company	Employer Phone Number

Employee Last Name

Employee First Name

Employee Social Security Number

Group Number

B. Type of Waiver

I have been offered coverage by my employer, but at this time I wish to DECLINE coverage as follows:

1) **Medical for:** ❑ Myself and dependents ❑ Spouse/Domestic Partner ❑ Child(ren)

2) **Dental for:** ❑ Myself and dependents ❑ Spouse/Domestic Partner ❑ Child(ren)

C. Reason

Required only if employee waiving coverage—not required if waiving coverage for dependents only

1) **Reason waiving Medical:**
- ❑ Other group coverage Carrier Name: _____ Group # _____
- ❑ Medicare
- ❑ Medi-cal
- ❑ Individual Policy
- ❑ Other Reason: _____ (explanation required)

2) **Reason waiving Dental:**
- ❑ Other group coverage Carrier Name: _____ Group # _____
- ❑ Medicare
- ❑ Medi-cal
- ❑ Individual Policy
- ❑ Other Reason: _____ (explanation required)

D. Signature

☒ **I understand that by failing to elect coverage now, *CHOICE* Administrators® Insurance Services, Inc. can impose up to a 12 month period of exclusion which would begin at the time of my later decision to elect coverage.**

☒ **I understand that by failing to elect DENTAL coverage now, *CHOICE* Administrators® Insurance Services, Inc. can also impose a 6 month pre-existing condition exclusion, both of which would begin at the time of my later decision to elect DENTAL coverage.**

☒ I also understand that if my employer is offering life coverage, I CANNOT WAIVE LIFE COVERAGE.

This waiver provision will not apply if: 1) Court orders coverage of a spouse or child and the request for enrollment occurs within 60 days of the court order; or 2) Employee meets ALL of the following: A) Was covered under another employer-sponsored health plan at the time of initial eligibility; B) Lost coverage as a result of termination of employment, change in employment status, involuntary termination of other plan's coverage, cessation of employer's contribution, or death or divorce of spouse; C) Requests enrollment within 60 days of loss of coverage.

Employee **SIGN HERE TO WAIVE COVERAGE:** ➡	Date