



Employee Signature (required)

Date (required)

**HEALTH COVERAGE WAIVER FORM**

**(Complete Waiver only if you are waiving coverage for yourself & / or any dependent)**

GROUP / EMPLOYER NAME:			GROUP NUMBER
EMPLOYEE NAME: (LAST)	(FIRST)	(INITIAL)	SOCIAL SECURITY NUMBER

**I decline to enroll in health coverage for:**

- Myself    My Spouse   Reason for waiver:    the existence of other coverage \_\_\_\_\_ (Plan Name)  
 My Dependent Child/Children (please list)    other reason (explain) \_\_\_\_\_  
1. \_\_\_\_\_   4. \_\_\_\_\_  
2. \_\_\_\_\_   5. \_\_\_\_\_  
3. \_\_\_\_\_   6. \_\_\_\_\_

I understand that this waiver of coverage may affect the ability of each person listed above to obtain coverage at a later date.

EMPLOYEE'S SIGNATURE \_\_\_\_\_ DATE SIGNED \_\_\_\_\_

SPOUSE'S SIGNATURE \_\_\_\_\_ DATE SIGNED \_\_\_\_\_  
(If Spouse is waiving coverage)

**Statement of HIPAA Portability Rights**

**Right to get special enrollment in another plan.** Under HIPAA, if you lose your group health plan coverage, you may be able to get into another group health plan for which you are eligible (such as a spouse's plan), even if the plan generally does not accept late enrollees, if you request enrollment according to the Special Enrollment provisions of your plan (usually within 30 or 60 days). (Additional special enrollment rights are triggered by marriage, birth, adoption, and placement for adoption.)

- Therefore, once your coverage ends, if you are eligible for coverage in another plan (such as a spouse's plan), you should request special enrollment as soon as possible.

You or your eligible dependents may also have special enrollment rights in this Plan as a result of:

- The loss of eligibility for coverage under Medicaid or a state sponsored Children's Health Insurance Program (CHIP) if request for enrollment is made within 60 days after loss of such coverage: or,
- Becoming eligible for a premium subsidy from either Medicaid or CHIP for coverage under this Plan, if request for enrollment is made within 60 days after the date of the Determination Letter advising of the eligibility for the premium subsidy, issued by either Medicaid or CHIP. You should consult with your local Medicaid or CHIP office regarding rights to the premium subsidy.

**Prohibition against discrimination based on a health factor.** Under HIPAA, a group health plan may not keep you (or your dependents) out of the plan based on anything related to your health. Also, a group health plan may not charge you (or your dependents) more for coverage, based on health, than the amount charged a similarly situated individual.