



health plans

# WAIVER FORM TO DECLINE COVERAGE

Group Name		Group Number
Employee Name		Employee SSN
Employee Date of Birth	Sex	Marital Status <input type="checkbox"/> Single <input type="checkbox"/> Married
Coverage Declined <input type="checkbox"/> Medical <input type="checkbox"/> Dental		Number of Hours Worked Per Week

I have been offered coverage under this group's plan with KPS Health Plans, but I am declining coverage for the following reason:

- I am covered by TRICARE
- I am covered by Medicare as primary, at the request of the Medicare enrollee.
- I am covered by another group health plan through a spouse or parent

(Other Group's Employer Name \_\_\_\_\_)

**If you have checked any of the above please attach evidence of other coverage. Evidence may be a copy of the previous month's billing statement, insurance ID card, or similar proof. Please note that enrollment in an individual health plan is not a valid reason to waive off this group coverage.**

Our company participation requirements mandate the minimum enrollment of 75% of all eligible employees in both our medical and/or dental coverage issued through our company. The cost of the coverage is not a valid reason for an eligible employee to decline to enroll in coverage. Please contact your group administrator if you have any questions regarding your eligibility status.

If you are declining enrollment in writing for yourself or your dependents (including your spouse) because of other health insurance or group health plan coverage you may be able to enroll yourself and your dependents in this plan if you or your dependents lose eligibility for that other coverage (or if the employer stops contributing towards your or your dependents' other coverage). However, you must request enrollment within 31 days after your or your dependents' other coverage ends (or after the employer stops contributing toward the other coverage). In addition, if you have a new dependent as a result of marriage, birth, adoption, or placement for adoption, you may be able to enroll yourself and your dependents. However, you must request enrollment within 31 days after the marriage, or within 60 days after the birth, adoption, or placement for adoption. To request special enrollment or obtain more information, please contact a KPS Member Services Representative for assistance at 360-478-6796 or 1-800-552-7114.

I understand that I and/or any of my dependents will be unable to obtain coverage under this group's plan with KPS Health Plans until the next open enrollment period, unless I and/or my dependents qualify for enrollment under the aforementioned special enrollment rules.

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