Granby, CT

IMPORTANT NOTICE OF ENROLLMENT RIGHTS

Please read the following notice, complete the appropriate information, and sign at the bottom, indicating today's date.

Declining or Waiving Coverage

If you are declining coverage for yourself or your dependents, because of other health coverage or other reasons, you are required to complete the following section. Your failure to do so may cause you or your dependents to be considered a late enrollee if you enroll in this plan at a later date.

I decline to enroll in the insurance coverage offered under my employer's plan for the following persons:

Medical Insurance	Dental Insurance	EyeMed Insurance	Life Insurance
☐ My Self ☐ My Spouse ☐ My Child(ren)	☐ My Self ☐ My Spouse ☐ My Child(ren)	☐ My Self ☐ My Family	☐ My Self
Dependent Names: _____ _____ _____ _____	Dependent Names: _____ _____ _____ _____	Dependent Names: _____ _____ _____ _____	

I understand that if I and/or my dependents, if any, waive coverage and desire to participate in the plan at a later date, coverage may be subject to treatment as a late enrollee. A late enrollee may only enter the plan on the annual open enrollment date.

I further understand that if I decline enrollment for myself or my dependents (including my spouse) because of other health coverage, I may in the future be able to enroll myself or my dependents in this plan, provided that I request enrollment within 30 days after such coverage ends. This coverage will then be effective on the date other coverage is lost.

Future Dependent Additions

In addition, if a new dependent relationship forms as a result of marriage, birth, adoption or placement for adoption may be able to enroll myself and my dependents provided that I request enrollment within 30 days after such marriage, birth, adoption or placement for adoption.

_____

Print Name

_____ _____

Signature **Date**

My signature indicates I have read and understand the terms and conditions of declining or waiving coverage and how to add to dependents I may acquire in the future.

This notice is a supplement to the enrollment materials and is in accordance with HIPPA requirements.