St. Clairsville/Morgantown areas:
(800) 624-6961
Fax: (740) 699-6162

Massillon area:
(877) 236-2289
Fax: (330) 830-4384

WAIVER OF EMPLOYER SPONSORED HEALTH COVERAGE

NAME OF EMPLOYER:_____________________________ GROUP#________________
(To be completed by Plan Representative)

COMPLETE THIS FORM ONLY IF YOU WISH TO DECLINE **COVERAGE OFFERED TO YOU AND/OR YOUR FAMILY MEMBER(S)**

I hereby decline coverage for:

☐ Myself

☐ Myself and family members

☐ Family members only

☐ *the following family members:*
1)________________________________
2)________________________________
3)________________________________
4)________________________________

Reason for declining coverage:

☐ Have not met employer's eligibility

☐ Covered under spouse's coverage

Name of spouse's coverage:______________

☐ Other:______________________________
____

I hereby certify that I have been given the opportunity to participate in the group health coverage offered by my employer. I understand that if I (and/or any of my eligible family members) desire to apply for this coverage at a later date, we may be required to wait until my employer's contract renewal or a Special Enrollment occurs. **I also understand that failure to complete and sign this waiver may exclude me (and/or any of my family members) future Special Enrollment rights. Any pre-existing conditions limitations specified in the contract will apply.**

Name (print):____

Signature:____Date:_______________

If you are declining enrollment for yourself and/or your dependents (including your spouse) because of other health insurance coverage, you may be able to enroll yourself or your dependents (Special Enrollment) in this plan, provided that you request enrollment within 31 days after your other coverage ends. Any pre-existing conditions limitations specified in the contract will apply.

In addition, if you have a new dependent as a result of marriage and birth, adoption or placement for adoption, you may be able to enroll yourself and your dependents, provided that you request enrollment within 31 days after the marriage or birth, adoption or placement for adoption. Any pre-existing conditions limitations specified in the contract will apply.