

**PHYSICIANS PLUS INSURANCE CORPORATION
WAIVER OF GROUP INSURANCE**

Date: _____

Group Number: _____

Group Name/
Policyholder: _____

I have been given the opportunity to apply for group insurance as offered by the policyholder, and after careful consideration have decided not to take advantage of this offer for:

- Myself (and eligible dependents if applicable)
- My eligible dependents ONLY

Reason: _____

Should I desire to apply for this insurance in the future, I realize that I may be subject to a waiting period of up to 18 months unless I decline due to other coverage and/or a qualifying event occurs (see NOTE, below). I certify that this waiver was signed voluntarily and in no way did anyone coerce or induce me to waive coverage.

Employee Name (Please Print)

Date Employment Began

Employee Signature

Date

Witness

Date

NOTE:

If you are declining enrollment for yourself or your dependents (including your spouse), and you state above that you are declining because of other health insurance coverage, you may in the future be able to enroll yourself or your dependents in this plan. To do so, you must request enrollment within 30 days after your other coverage ends. You may forfeit this right to special enrollment if you fail to specify your reason for declining enrollment at this time. In addition, if in the future you acquire a new dependent as a result of marriage, birth, adoption or placement for adoption, you may be able to enroll yourself and your dependents. To do so, you must request enrollment within 30 days after marriage, birth, adoption, or placement for adoption, regardless of your reason for declining coverage at this time. Failure to request enrollment within 30 days in either situation may subject you and/or your dependents to a waiting period of up to 18 months.