



## Waiver of Insurance: Large Group

Group Name/Policy Holder \_\_\_\_\_

Name \_\_\_\_\_ SS # \_\_\_\_\_ Birth date \_\_\_\_\_  
First M.I. Last

Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

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

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

Because:

- A.  I (and eligible dependents, if applicable) have other creditable coverage.  
Name of Carrier \_\_\_\_\_ Effective Date \_\_\_\_\_ Policy No. \_\_\_\_\_
- B.  I (and eligible dependents, if applicable) am healthy.
- C.  My out-of-pocket premium contribution would be more than 10% of my annualized income.
- D.  My eligible dependents live outside of the country.

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 for reason (A) and a special enrollment occurs. I certify that this waiver was signed voluntarily and in no way did anyone coerce me into waiving coverage.

\_\_\_\_\_  
Employee Name (Please Print)

\_\_\_\_\_  
Date Employment Began

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

\_\_\_\_\_  
Date