

Waiver Form

Refusal of coverage

1. If you are not enrolling at this time, your next opportunity to enroll will be at the next open enrollment for your employer’s group insurance plan unless you have a qualifying event, such as loss of current coverage or marriage. See your employer for more information on qualifying events.

NOTE: If you do not elect Life, STD or LTD at the time you are first eligible, you will be required to go through Evidence of Insurability (EOI).

2. If you are not enrolling your dependents at this time, they will not be eligible for enrollment until your employer’s next annual open enrollment unless they have a qualifying event such as loss of other coverage. See your employer for more information regarding dependent qualifying events.

3. If you are not enrolling at this time, complete and sign the waiver section below.

I decline the coverage indicated below. I understand my dependents and I may not be eligible to enroll for benefits until my employer’s next annual open enrollment period. I and/or my dependents may become eligible to enroll if there is a qualifying event, and I request enrollment within 30 days of the eligible qualifying event.

	Employee	Dependent Spouse	Dependent Child(ren)
Life	<input type="checkbox"/>	N/A	N/A
Supplemental Life	<input type="checkbox"/>	N/A	N/A
Dependent Life	N/A	<input type="checkbox"/>	<input type="checkbox"/>
Medical	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dental	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Short-term Disability	<input type="checkbox"/>	N/A	N/A
Long-term disability	<input type="checkbox"/>	N/A	N/A

Employee Signature

Date

Print name: _____

Note: If your employee is not enrolling for any coverage at this time, keep the waiver form in your file. If your employee is declining enrollment for any dependents, keep a copy of the waiver in your files.