

**WAIVER OF GROUP COVERAGE**

Employee Name: \_\_\_\_\_

**Please check one:**

I waive my employer's group health coverage for myself and my dependents

I am enrolling in my employer's group health insurance coverage but I am waiving coverage for my dependents.

**REASON FOR WAIVING COVERAGE- YOU MUST CHECK ONE:**

Covered through spouse's employer

Employer Name: \_\_\_\_\_

Insurance Company \_\_\_\_\_

Policy Number \_\_\_\_\_

Other Reason (Explain) \_\_\_\_\_

\_\_\_\_\_

If you are declining enrollment for yourself or your dependants (including your spouse) because of your other health insurance or group health plan coverage, you may be able to enroll yourself and your dependants in this plan if you or your dependants lose eligibility for that coverage (or if the employer stops contributing toward you or your dependants' other coverage). However, you must request enrollment within 31 Days after you or your dependants' other coverage ends (or after the employer stops contributing toward the other coverage).

In addition, if you have a new dependant as a result of marriage, birth, adoption, or placement for adoption, you must be able to enroll yourself and your dependents. However, you must request enrollment within 31 Days after the marriage, birth, adaption, or placement for adoption.

To request special enrollment or obtain more information, contact Duke Insurance Brokerage at (413) 583-2611.

Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_