

Open Enrollment Checklist

Waiver of Health Coverage:

I acknowledge that I have been offered the opportunity to purchase health coverage for myself and dependent through my employer.

- I decline enrollment at this time because:
I have other medical coverage provided by: _____
Insurance Company name: _____
Policy Number: _____
Through (Employer name): _____
- I do not wish to enroll myself in any type of medical coverage at this time.
- I do not wish to enroll my spouse or child (ren) in any type of medical insurance at this time.

If you are declining enrollment for yourself or dependents (including your spouse) because of other health care coverage, you may enroll yourself or your dependents in this plan prior to the next open enrollment period (under certain circumstances). To do this, you must have involuntarily lost your other coverage and we must receive your enrollment application within 30 days after your coverage ended. Additionally, if you have new dependents as result of marriage, birth, adoption, or placement for adoption, you may be able to enroll yourself and dependents, provided we receive your completed enrollment application within 60 days after the marriage, birth, adoption, or placement for adoption.

Employee Name: _____

Signature: _____

Date: _____

Received by HR: _____