

NOTICE OF DECLINING ENROLLMENT

When you decline enrollment for yourself and/or your dependents (including your spouse) and state in writing that the reason you and/or your dependents are declining coverage is because you and/or your dependents have other coverage under another group health plan or health insurance coverage, then special rules may apply to you and/or your spouse and/or your child/ren in the event that you and/or your spouse and/or your child/ren have lost this other coverage due to the loss of eligibility.

Loss of eligibility does not include a loss due to failure of the individual or the participant to pay their premium on a timely basis or termination of coverage for cause (*such as making a fraudulent claim or an intentional misrepresentation of a material fact in connection with the plan*) .

Loss of eligibility for coverage includes: Legal separation, divorce, cessation of dependent status, death of an employee, termination of employment, reduction in hours of employment. In the case of coverage offered through an HMO or other arrangement in the individual market that does not provide benefits to individuals who no longer reside, live or work in a service area, loss of coverage because the individual no longer resides, lives or works in the service area. A situation in which an individual incurs a claim that would meet or exceed a lifetime limit on all benefits. A situation in which a plan no longer offers any benefits to the class of similarly situated individuals. In the case of an employee or dependent who has coverage that is not COBRA continuation coverage, the employee or dependent will have incurred a loss of eligibility in the event that an employers contributions terminate.

In the case of an employee or dependent who has coverage that is COBRA continuation coverage, the employee or dependent will incur a loss of eligibility at such time that the maximum period of COBRA continuation available to the employee or dependent has been exhausted.

Under these rules, a plan or issuer must allow an employee a period of at least 30 days after a loss of eligibility to request enrollment (for the employee or the employee's dependent). In the case of a loss of eligibility for coverage due to the operation of a lifetime limit on all benefits, a plan or issuer must allow an employee a period of at least 30 days after a claim is denied due to the operation of a lifetime limit on all benefits.

Employee Name: _____ <i>(please print)</i>			
I am Declining Enrollment for:			
myself	<input type="checkbox"/>	spouse	<input type="checkbox"/>
child/ren	<input type="checkbox"/>		
due to Other Coverage under: my spouse's group plan		<input type="checkbox"/>	COBRA Continuation Coverage <input type="checkbox"/>
another insurance plan	<input type="checkbox"/>	other: <i>(please explain)</i>	_____

Important - Please complete the following	
Policyholder's Name:	
Social Security Number:	ID Number:
Insurance Company Name:	
Address:	Phone Number:
Signed:	Date: