# Group Health Benefits Waiver

To be completed if any coverage is declined by an eligible employee and/or his/her dependent(s)

***Health plan*** **coverage is declined for (check all that apply):**

- ☐ Myself
- ☐ My spouse, if eligible
- ☐ My Child
- ☐ My Children

***Dental and Vision*** **coverage is declined for (check all that apply):**

- ☐ Myself
- ☐ My spouse, if eligible
- ☐ My Child
- ☐ My Children

**Reason for declining coverage (check one and provide carrier name and subscriber ID):**

| | Reason | Carrier Name | Subscriber ID |
|---|---|---|---|
| ☐ | Covered by spouse's group coverage | | |
| ☐ | Spouse covered by employer's group medical coverage | | |
| ☐ | Enrolled in Medicare | | |
| ☐ | Other (please explain) | | |

I acknowledge that the available coverages have been explained to me by my employer, and I know that I have every right to apply for coverage. I have voluntarily decided not to enroll myself and/or my dependent(s), if eligible.

**I understand that by declining this group medical coverage (unless I am declining coverage due to other health insurance coverage), my dependents and I will be required to wait until the next open enrollment period, if any, to enroll in this group medical coverage.**

_____ _____

Signature if declining coverage Date

**CASH OPTION**

The following amount, if any, is allowed as a cash option under the Medical Plan (Keeping Dental/Vision coverage):

| **Coverage Level** | **Coverage Level Opt-Down to Single** | **Total Opt-Out** |
|---|---|---|
| Single | | $750 |
| Employee/Spouse | $750 | $1,750 |
| Employee/Child | $750 | $1,750 |
| Employee/Children | $1,750 | $2,750 |
| Family | $1,750 | $2,750 |

The following amount, if any, is allowed as a cash option under the Medical/Dental/Vision Plan:

| **Coverage Level** | **Coverage Level Opt-Down to Single** | **Total Opt-Out** |
|---|---|---|
| Single | | $1,000 |
| Employee/Spouse | $1,000 | $2,000 |
| Employee/Child | $1,000 | $2,000 |
| Employee/Children | $2,000 | $3,000 |
| Family | $2,000 | $3,000 |

The Cash Option is reimbursed in two equal payments in June and December of each Plan year.