

Health Coverage Waiver

This is to certify that I have been offered enrollment in Carilion Health System's health care programs on my eligibility date and I elect to waive coverage. I also acknowledge that by waiving my right to coverage, I become eligible for future coverage as a late entrant subject to the following restrictions:

Notice of Enrollment Rights:

If you are declining enrollment for yourself or your dependents (including your spouse) because of other health insurance coverage, you may in the future be able to enroll yourself or your dependents in this plan. Employees or dependents who request to enroll in Carilion's group health care programs more than 31 days after they become eligible for coverage are considered late entrants. A late entrant is eligible to enroll in Carilion's group health care programs at the next open enrollment period or at the time of a special enrollment period. A special enrollment period is created when an individual loses other coverage, or experiences a family status change. A late entrant must request coverage within 31 days after the event which creates the special enrollment period. Rules regarding loss of coverage or a family status change are outlined below:

A loss of coverage will create a special enrollment period if one of the following occurs:

- 1) Divorce
- 2) Death of the employee's spouse
- 3) Change in employment status at another company of the employee or the employee's spouse
- 4) Termination of employment of the employee or the employee's spouse at another company
- 5) Termination of the employer contribution under another company's health plan
- 6) Exhaustion of COBRA coverage under another health plan (but not loss of COBRA coverage because of failure to pay premiums or fraud)

A family status change that will create a special enrollment period and includes the following:

- 1) Marriage of the employee
- 2) The birth or adoption of a child of the employee

WAIVER OF HEALTH COVERAGE:

By: _____ SS#: _____
Signature

Name: _____ Date: _____
(Please Print)

Current Coverage: _____