



## Waiver Form Small Employer

Company Name \_\_\_\_\_ Group# \_\_\_\_\_  
Last Name \_\_\_\_\_ First \_\_\_\_\_ Initial \_\_\_\_\_  
Social Security# \_\_\_\_\_ Date Hired \_\_\_\_\_

### A. WAIVING MEDICAL COVERAGE INFORMATION

I am waiving medical coverage for:

- Myself only    Myself and my dependent(s)

Reason for waiving medical coverage:

- I currently have medical coverage elsewhere.  
Policyholder's Name \_\_\_\_\_ Relationship to Policyholder \_\_\_\_\_  
Medical Carrier \_\_\_\_\_ Subscriber ID# \_\_\_\_\_ Policy Type    Group    Individual
- I do not wish to purchase medical insurance at this time (subject to employer participation requirements; please continue to section "C.")

### B. WAIVING DENTAL COVERAGE INFORMATION

I am waiving dental coverage for:

- Myself only    Myself and my dependent(s)

Reason for waiving dental coverage:

- I currently have dental coverage elsewhere.  
Policyholder's Name \_\_\_\_\_ Relationship to Policyholder \_\_\_\_\_  
Dental Carrier \_\_\_\_\_ Subscriber ID# \_\_\_\_\_ Policy Type    Group    Individual
- I do not wish to purchase dental insurance at this time (subject to employer participation requirements; please continue to section "C.")

### C. EMPLOYEE SIGNATURE

I hereby decline to apply for medical and/or dental coverage in the group health benefit plan provided through my employer. The benefits of the plan have been thoroughly explained to me. I understand that if I waive coverage for myself, my dependent(s) are also not eligible for coverage with SelectHealth.

NOTE: You and/or your dependent(s) may not be eligible for coverage in this program until the next annual open enrollment period. For waiver of medical coverage only, if you do enroll at a later time, you may be subject to an 18-month pre-existing condition waiting period unless you experience a special enrollment event (e.g., involuntary loss of other coverage, marriage, birth, adoption, or placement for adoption). After completing this form, return it by faxing to **801-442-3698**.

Employee's Signature \_\_\_\_\_ Date \_\_\_\_\_