

WAIVER OF COVERAGE



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Employees with other group health coverage may waive the PacificSource coverage by completing this form. Do not complete this form if you are enrolling with PacificSource, even if dependents are waiving coverage.

EMPLOYEE INFORMATION			
GROUP NAME		GROUP NO.	EFFECTIVE DATE OF WAIVER
EMPLOYEE NAME		SOCIAL SECURITY NO.	EMPLOYEE DATE OF BIRTH
ADDRESS	CITY	STATE	ZIP
			EMPLOYEE HIRE DATE

WAIVER INFORMATION (all sections must be completed)

WHO IS WAIVING COVERAGE

- Myself only Myself and my eligible family members

COVERAGE BEING WAIVED

- Medical Only Dental Only Medical and Dental

REASON COVERAGE IS BEING DECLINED

- I currently have other group medical coverage

Group Name: _____ Policy/Plan No.: _____

Insurance Carrier: _____ Covered Person's ID No.: _____

Through: Another Employer Medicare Medicaid Champus OHP Indian Health Service

- I currently have other group dental coverage (dental can only be waived if also waiving medical)

Group Name: _____ Policy/Plan No.: _____

Insurance Carrier: _____ Covered Person's ID No.: _____

Through: Another Employer Champus OHP Indian Health Service

- I do not wish coverage and do not have other group coverage*

- I have a current Individual Policy*

- Other* _____

IMPORTANT – PLEASE READ AND SIGN

Groups with 50 or Less Employees: 100% of all eligible employees not otherwise covered by other group coverage must enroll in the PacificSource group plan sponsored by your employer.

**The following qualify as other group coverage: group policy sponsored by another employer, Medicaid, Medicare, CHAMPUS, Indian Health Service, and the Oregon Health Plan (OHP). Employees may not waive coverage if they do not have other group insurance or if they only have an Individual Policy.*

Groups with 51 or More Employees: 90% of all eligible employees not otherwise covered by other group coverage must enroll in the PacificSource group plan sponsored by your employer.

Statement of Declination of Coverage: I hereby decline coverage in the group plan offered by my employer. I understand that if my other coverage is lost due to termination of employment, termination of the health plan, death of my spouse, or divorce, I must enroll in my employer's plan within 31 days. If I do not enroll when first eligible, my coverage may be subject to waiting periods (see Special Enrollment Rights on the back of this form for more information).

Employee Signature

Date

MEDICAL SPECIAL ENROLLMENT RIGHTS

The PacificSource group health plan offered by your employer contains provisions that, in certain situations, may allow you or your family members to enroll in the plan later if you decline enrollment when you are first eligible. These special enrollment rights affect both you and your eligible family members.

The agreement between PacificSource and your employer may require all eligible employees to participate in the group health plan. In that case, you must enroll in the plan when you first become eligible. However, your family members may decline coverage, and they may enroll in the plan later if they qualify under Rule #1 or Rule #2 below.

Some employers have agreements with PacificSource allowing employees with other group health coverage to waive the PacificSource group coverage. In that case, both you and your family members may decline coverage when you are eligible. You and your family members may enroll in the plan later if you qualify under Rule #1 or Rule #2 below and this "Waiver of Coverage" form was submitted to PacificSource during your initial enrollment period or at the time you disenrolled in the group plan.

Special Enrollment Rule #1

If you decline enrollment for yourself or your dependents (including your spouse) because of other group health insurance coverage, you or your family members may enroll in the plan later if the other coverage ends involuntarily. "Involuntarily" means coverage ended because continuation coverage was exhausted, employment terminated, work hours were reduced below the employer's minimum requirement, the other insurance plan was discontinued or the maximum lifetime benefit of the other plan was exhausted, the employer's premium contributions toward the other insurance plan ended, or because of death of a spouse, divorce, or legal separation. To do so, you must request enrollment within 31 days after your other group health insurance coverage ends.

Special Enrollment Rule #2

If you acquire new dependents because of marriage, birth, adoption, or placement for adoption, you may be able to enroll yourself and/or your new dependents at that time. To do so, you must request enrollment within 31 days after the marriage, birth, adoption, or placement for adoption.

MEDICAL LATE ENROLLMENT

If you do not enroll when you are initially eligible, or you later drop your coverage, and you do not qualify under the Special Enrollment provisions (above), you may only enroll as a late enrollee. You are considered a late enrollee even if you want to enroll because your other coverage's premiums increased or benefits decreased.

A late enrollee must wait six months from the date their application is received by PacificSource before enrollment becomes effective. There is no premium charged during the waiting period. Coverage becomes effective the first of the month following the six-month wait. The plan's exclusion period for pre-existing conditions, other conditions, and transplant services will apply unless prior coverage credit is granted. You should check the terms of the policy under which you wish to enroll.

DENTAL LATE ENROLLMENT

If you did not enroll during your initial enrollment period and you do not qualify for a special enrollment period, your enrollment will be delayed. A "late enrollee" is an otherwise eligible employee or dependent who does not qualify for a special enrollment period and who:

- Did not enroll during the 31-day initial enrollment period; or
- Enrolled during the initial enrollment period but discontinued coverage later.

A "late enrollee" may enroll in this dental plan later according to the following:

- An employee or dependent who did not enroll within the 31-day initial enrollment period may enroll later on the policy's anniversary date. Your employer can tell you what that date is.
- An employee or dependent who enrolled and later discontinued coverage may re-enroll in the plan on an anniversary date of the policy following a 24-month waiting period from the date coverage was discontinued.

In all cases, a dental enrollment application must be submitted to PacificSource within 31 days of the qualifying event.