

OREGON WAIVER OF COVERAGE



PO Box 7068 • Eugene, OR 97401
(541) 686-1242 • (800) 624-6052
Membership Fax (541) 225-3642
www.pacificsource.com

This form is for employees waiving coverage, as indicated in the "Important – Please Read and Sign" section below.
Do not complete this form if you are enrolling with PacificSource, even if dependents are waiving coverage.

Group Policy No.	Subgroup No.	Class No. / Classification
EMPLOYEE INFORMATION		
EMPLOYER/GROUP NAME		EFFECTIVE DATE OF WAIVER month_____ day_____ year_____
EMPLOYEE NAME		EMPLOYEE HIRE DATE month_____ day_____ year_____
ADDRESS	CITY STATE ZIP	SOCIAL SECURITY NO.
Date of Birth month_____ day_____ year_____	Gender <input type="checkbox"/> M <input type="checkbox"/> F	Marital Status <input type="checkbox"/> Married <input type="checkbox"/> Single <input type="checkbox"/> Domestic Partner
WAIVER INFORMATION – ALL SECTIONS MUST BE COMPLETED		
WHO IS WAIVING COVERAGE <input type="checkbox"/> Myself <input type="checkbox"/> Myself and my eligible family members		
COVERAGE BEING WAIVED <input type="checkbox"/> Medical Only <input type="checkbox"/> Medical and Dental <input type="checkbox"/> Dental Only		
REASON MEDICAL COVERAGE IS BEING DECLINED (required) <input type="checkbox"/> I currently have one of the following qualifying group Medical coverage through (list carrier name and check coverage type): <i>Name of Insurance Carrier:</i> _____ <i>Through:</i> <input type="checkbox"/> My other employer <input type="checkbox"/> My spouse's employer <input type="checkbox"/> My parent's employer <input type="checkbox"/> Medicare <input type="checkbox"/> Medicaid <input type="checkbox"/> Tricare (formerly CHAMPUS) <input type="checkbox"/> Oregon Health Plan (OHP) <input type="checkbox"/> Indian Health Service <input type="checkbox"/> Other (please explain)* _____		
REASON DENTAL COVERAGE IS BEING DECLINED (required) <input type="checkbox"/> I currently have other qualifying group Dental coverage through (list carrier name and check coverage type): <i>Name of Insurance Carrier:</i> _____ <i>Through:</i> <input type="checkbox"/> My other employer <input type="checkbox"/> My spouse's employer <input type="checkbox"/> My parent's employer <input type="checkbox"/> Medicare <input type="checkbox"/> Medicaid <input type="checkbox"/> Tricare (formerly CHAMPUS) <input type="checkbox"/> Oregon Health Plan (OHP) <input type="checkbox"/> Indian Health Service <input type="checkbox"/> Other (please explain) _____		
IMPORTANT – PLEASE READ AND SIGN		
<p>Waiving Medical on Groups with 25 or Fewer Eligible Employees: 100% of all eligible employees not otherwise covered by other group coverage must enroll in the PacificSource group plan sponsored by your employer.</p> <p><i>*Employees may not waive coverage if they do not have other group insurance or if they only have an Individual Policy.</i></p> <p>Waiving Medical on Groups with 26 or More Eligible Employees: 90% of all eligible employees not otherwise covered by other group coverage (as outlined above) must enroll in the PacificSource group plan sponsored by your employer.</p> <p>Waiving Dental: 75% of all eligible employees must enroll in the group dental plan sponsored by your employer, regardless of reason waiving coverage. Otherwise, 90% of all eligible employees not covered by other group dental insurance must enroll.</p> <p>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).</p>		
Employee Signature _____		Date _____

Special Enrollment Periods

Some employers have agreements with PacificSource allowing employees with other health coverage to waive this plan's coverage. In that case, both you and your family members may decline coverage during your initial enrollment period. If you are eligible to decline coverage and you wish to do so, you must submit a written waiver of coverage to PacificSource through your employer. You and your family members may enroll in this plan later if you qualify under Rule #1, Rule #2, or Rule #3 below.

If the agreement between PacificSource and your employer requires all eligible employees to participate in this plan, you must enroll during your initial enrollment period. However, your family members may decline coverage, and they may enroll in the plan later if they qualify under Rule #1, Rule #2, or Rule #3 below.

To find out if your employer's plan allows employees to decline coverage, ask your health plan administrator.

- **Special Enrollment Rule #1** – If you declined enrollment for yourself or your family members because of other health insurance coverage, you or your family members may enroll in the plan later if other coverage ends involuntarily. "Involuntarily" means coverage ended because continuation coverage was exhausted, employment terminated, the number of hours of employment 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 the other health insurance coverage ends (or within 60 days after the other health insurance coverage ends if the other coverage is through Medicaid or a State Children's Health Insurance Program). Coverage will begin on the first day of the month after the other coverage ends.
- **Special Enrollment Rule #2** – If you acquire new dependents because of marriage, domestic partnership, birth, or placement for adoption, you may be able to enroll yourself and/or your newly acquired dependents at that time. To do so, you must request enrollment within 31 days after the marriage, registration of the domestic partnership, birth, or placement for adoption. In the case of marriage and domestic partnership, coverage begins on the first day of the month after the marriage or registration of the domestic partnership. In the case of birth or placement for adoption, coverage begins on the date of birth or placement.
- **Special Enrollment Rule #3** – If you or your dependents become eligible for a premium assistance subsidy under Medicaid or a State Children's Health Insurance Program, you may be able to enroll yourself and/or your dependents at that time. To do so, you must request enrollment within 60 days of the date you and/or your dependents become eligible for such assistance. Coverage will begin on the first day of the month after becoming eligible for such assistance.

Late Enrollee

A "late enrollee" is an otherwise eligible employee or dependent who does not qualify for a special enrollment period explained above, and who:

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

Medical Late Enrollment – Small Employers (2-50) and Large Employers (51+) without Open Enrollment Provisions

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 six months after you apply.

Late enrollees may enroll by completing and submitting an enrollment application. Plan coverage becomes effective the first of the month after a six-month waiting period beginning on the date PacificSource receives the enrollment application. Policy provisions regarding exclusion periods for pre-existing conditions apply upon the effective date of coverage.

Medical Late Enrollment – Large Employers (51+) with Open Enrollment Provisions

Late enrollees may enroll by completing and submitting an enrollment application during your employer's annual open enrollment period. Plan coverage becomes effective the first day of the plan year. Policy provisions regarding exclusion periods for pre-existing conditions apply upon the effective date of coverage.

Dental Late Enrollment – All Size Employer Groups

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.