



## Waiver of Group Medical/Dental Insurance

January 1, 2023 – December 31, 2023

Employee Name (please print): \_\_\_\_\_

I understand that as a regular employee of Jewish Family Service, I am eligible to participate in the group medical and dental insurance plans offered by the organization.

At this time, I decline enrollment in the below selected plans offered to eligible employees and their qualified dependents by Jewish Family Service as I am currently enrolled and receiving benefits in another group plan. A *group plan is defined as employer-sponsored coverage through a spouse or domestic partner, or coverage through a government program such as Medicare, Medicaid, or TRICARE.* The name of the employer for this group plan is \_\_\_\_\_.

- I am waiving medical. Evidence of my medical insurance coverage offered through another group plan is attached. (i.e. copy of medical enrollment card).
- I am waiving dental. Evidence of my dental insurance coverage offered through another group plan is attached. (i.e. copy of dental enrollment card).

If you are declining enrollment for yourself or dependents (including your spouse) because of other health care coverage, you may in the future enroll yourself or your dependents in this plan prior to the next open enrollment period. To do this, you must have involuntarily lost your other group coverage and we must receive your enrollment application within 30 days after your other coverage ended (60 days if the prior coverage was through Medicaid or CHIP). Additionally, if you have a new dependent as a result of marriage, birth, adoption, or placement for adoption, you may be able to enroll yourself and dependents, provided we receive your completed enrollment application within 30 days after the marriage, birth, adoption, or placement for adoption.

By signing below, you understand that you will be unable to obtain coverage under your employer's group health plan until the next open enrollment period, unless you and/or your dependents qualify for enrollment under the special enrollment rules described above.

**Please note:** *It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines, and denial of insurance benefits.*

Signature: \_\_\_\_\_

Date: \_\_\_\_\_