MEDICAL / DENTAL WAIVER

IMPORTANT!

Complete this page only if you DO NOT WANT MEDICAL OR DENTAL COVERAGE for yourself and/or your eligible dependents. If offered by your employer, the life coverage benefit cannot be waived and you are required to complete an Enrollment Application.

Chiropractic coverage cannot be waived when enrolling for medical coverage.

A Personal Information

Company Name: RIVERSIDE PERSONNEL SERVICE, INC.

Company Phone # (XXX) XXX-XXXX: 951 - 788 - 7900

Employee Last Name:

Employee Social Security #:

Employee First Name:

Group #: 53634

B Type of Waiver

I have been offered coverage by my employer, but at this time I wish to DECLINE coverage as follows

1) **Medical for** ☐ Myself and Dependents ☐ Spouse ☐ Domestic Partner ☐ Child(ren)

~~2) Dental for ☐ Myself and Dependents ☐ Spouse ☐ Domestic Partner ☐ Child(ren)~~

C Reason

Required only if employee waiving coverage - not required if waiving coverage for dependents only

1) **Reason waiving Medical** — **Carrier Name** — **Group #**

- ☐ Other Group Coverage _____ _____
- ☐ Medicare _____ _____
- ☐ Medi-cal _____ _____
- ☐ Individual Policy
- ☐ Other Reason _____ (explanation required)

~~2) Reason waiving Dental — Carrier Name — Group #~~

- ~~☐ Other Group Coverage~~ _____ _____
- ~~☐ Medicare~~ _____ _____
- ~~☐ Medi-cal~~ _____ _____
- ~~☐ Individual Policy~~
- ~~☐ Other Reason~~ _____ ~~(explanation required)~~

D Signature

☒ **I understand that by failing to elect coverage now, *CHOICE* Administrators® Insurance Services, Inc. will require me to wait to enroll until my employer group's next open enrollment period, unless I experience a qualifying/triggering event that would allow me to enroll for coverage prior to open enrollment.**

☒ **I understand that by failing to elect DENTAL coverage now, *CHOICE* Administrators Insurance Services, Inc. can also impose a 6 month pre-existing condition exclusion, both of which would begin at the time of my later decision to elect DENTAL coverage.**

☒ I also understand that if my employer is offering life coverage, I CANNOT WAIVE LIFE COVERAGE.

This waiver provision will not apply if: 1) Court orders coverage of a spouse or child and the request for enrollment occurs within 60 days of the court order; or 2) Employee meets ALL of the following: A) Was covered under another employer-sponsored health plan at the time of initial eligibility; B) Has added a new dependent as a result of marriage, domestic partnership, birth, adoption, or placement for adoption or has assumed a parent-child relationship and if enrollment is requested within 60 days after the marriage, domestic partnership, birth, adoption or placement for adoption or has assumed a parent-child relationship OR employee or eligible dependents loses minimum health care coverage, for any reason other than due to failure to pay premiums, fraud, or intentional misrepresentation of material fact; C) Requests enrollment within 60 days of loss of coverage.

Employee SIGN HERE TO WAIVE COVERAGE ➡

Print Name

Today's Date (MM/DD/YYYY) ☐☐/☐☐/☐☐☐☐

57930