

WAIVER OF COVERAGE



PO Box 7068 • Eugene, OR 97401
 (541) 686-1242 • (800) 624-6052
 Membership Fax (541) 683-8328
 www.pacificsource.com

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 CORVALLIS SCHOOL DISTRICT | | 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 MEDICAL COVERAGE
 Myself only Myself and my eligible family members

REASON MEDICAL 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
 Other* _____

IMPORTANT – PLEASE READ AND SIGN

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 below form for more information).

 Employee Signature

 Date

MEDICAL SPECIAL ENROLLMENT RIGHTS

The group plan offered by your employer contains provisions that, in certain situations, may allow you to enroll in the plan later if you decline enrollment when first eligible. These special enrollment rights affect your eligible family members. If you or your family members decline coverage when they are eligible, you may enroll in the plan later if they qualify under Rule #1, #2, or #3 below.

Special Enrollment Rule #1: If you decline enrollment, you and your eligible family members may enroll in this plan during the annual open enrollment period. **Your annual open enrollment period is August 15 - September 15 for an effective date of October 1.**

Special Enrollment Rule #2: If you decline enrollment for your dependents because of other group insurance coverage, your family members may be able to 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 their other group insurance coverage ends.

Special Enrollment Rule #3: If you acquire new dependents because of marriage, birth, adoption, or placement for adoption, you may be able to enroll 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.

For more information on your plan's special enrollment provisions, please see your group administrator..