

# WAIVER OF GROUP HEALTH INSURANCE COVERAGE

**ALL AREAS MUST BE COMPLETED**

**1. APPLICANT INFORMATION**

APPLICANT'S NAME (LAST)	(FIRST)	(MI)	SOCIAL SECURITY NO.
SPOUSE'S NAME (LAST)	(FIRST)	(MI)	SOCIAL SECURITY NO.

**2. VALIDATION STATEMENT**

I hereby certify that I have been given the opportunity to participate in the group health insurance plan provided by my employer through Capital BlueCross and have been informed of the consequences of not enrolling/applying for in such plan at this time. I understand that if I reject the group health plan on behalf of myself and/or my spouse or other eligible dependents, the group health plan will not provide any benefits on behalf of those individuals for whom I have waived coverage. With this knowledge, I decline to enroll/apply:

MYSELF                       MY SPOUSE                       MY ELIGIBLE DEPENDENTS

**3. OTHER INSURANCE INFORMATION**

Complete the following information for applicant and/or spouse and/or other eligible dependent(s) waiving coverage because they are currently covered for health care services with another health care plan.

PLEASE INDICATE THE TYPE OF COVERAGE WITH OTHER CARRIER.

NAME OF CONTRACT HOLDER	NAME AND LOCATION (STATE) OF HEALTH CARE PLAN/INSURANCE CO.	POLICY/IDENTIFICATION NO.	MEDICAL	DRUG	DENTAL	VISION

**4. WAIVER INFORMATION**

NAME (LAST)	(FIRST)	(MI)	RELATIONSHIP TO EMPLOYEE	SOCIAL SECURITY NO.
a. APPLICANT	_____→			
b. SPOUSE	_____→			
c. ELIGIBLE DEPENDENT				
d. ELIGIBLE DEPENDENT				
e. ELIGIBLE DEPENDENT				
f. ELIGIBLE DEPENDENT				

**5. STATEMENT AUTHORIZATION** I understand that in the event that I decide to apply for this coverage at a later date, I and/or my spouse and/or any other eligible dependents, may be subject to certain policy limitations.

EMPLOYEE SIGNATURE	DATE
NAME OF GROUP	GROUP NO.

Health care benefit programs issued or administered by Capital BlueCross and/or its subsidiaries, Capital Advantage Insurance Company®, Capital Advantage Assurance Company® and Keystone Health Plan® Central. Independent licensees of the BlueCross BlueShield Association. Communications issued by Capital BlueCross in its capacity as administrator of programs and provider relations for all companies.