

OPTIMA Health Plan

OPTIMA Health Insurance Company

Waiver of Employee and/or Dependent Health Coverage

Full Name of Employee (Please Print)

Name of Employer

My employer has given me an opportunity to apply for group health coverage with the plan for myself and my dependents (if applicable). I have declined to apply for coverage as indicated below. (Please check the one which applies.)

- I decline coverage for myself (and my dependents, if any).
- I decline coverage for my spouse only.
- I decline coverage for my children only.
- I decline coverage for my spouse and my children.

REASON FOR DECLINING COVERAGE (MUST check ONE)

- Covered under another health insurance policy.
(If this box is checked, below information is required.)

Insurance Company Name

Policy Holder's Name

- Covered under CHAMPUS.
- Other Reason: _____

(Answer Required)

I understand that if I decide to apply for health coverage for myself and/or my dependents at a later date, neither I nor my dependents will be eligible for coverage until my employer's next annual enrollment. I understand that at the time I apply for coverage I may be required to furnish, at my own expense, evidence of insurability.

X _____

Employee Signature in Ink

Date

White - Health Plan

Canary - Employer