



## Waiver of Health Coverage

I acknowledge that I have been offered the opportunity to participate in the Diocese of Olympia's health plans, for myself and my dependents.

I decline enrollment at this time because:

I have other group medical coverage provided by:

Insurance company name: \_\_\_\_\_

Through (employer): \_\_\_\_\_

I do not wish to enroll myself in any type of medical coverage at this time. (Not applicable to clergy.)

I do not wish to enroll my  spouse  children in any type of medical coverage at this time.

If you are declining enrollment for yourself or dependents (including your spouse) because of other health care coverage, you may enroll yourself or your dependents in either of the diocesan plans prior to the next open enrollment period, under certain circumstances. To do this, you must have involuntarily lost your other coverage and we must receive your enrollment application within 30 days after your other coverage ended. Additionally, if you have new dependents 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 60 days after the event.

Printed name: \_\_\_\_\_

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

Name of congregation: \_\_\_\_\_