



2023 Health Insurance Waiver Form

Employee Name: _____

Job Title: _____

For the plan year effective 2023, I am waiving coverage for *(Check all that apply):*

- ☐ Myself
☐ Spouse
☐ Dependents(s) - If selecting dependent(s), please list their names:

I am waiving coverage due to:

- ☐ Coverage under my spouse's plan ☐ Other Coverage

This other coverage is:

- ☐ Employer-sponsored Group Plan ☐ Medicare
☐ Individual Policy ☐ COBRA ☐ TRICARE Medicaid ☐ Other _____

Special Enrollment Notice and Certification – *Please review and sign below if you wish to waive coverage.* By signing below, I certify that I have been given an opportunity to apply for coverage for myself and my eligible dependents if any. I am declining enrollment as indicated above. I understand, if I am declining enrollment for myself or my eligible dependents (including my spouse) because of other health insurance or group insurance health plan coverage, I may be able to enroll myself and my eligible dependents in this plan if I lose, or my eligible dependents lose, eligibility for that other coverage (or if the employer stops contributing towards my or my eligible dependents' other coverage). I understand that I must request enrollment no more than 30 days after the date of the other health plan coverage ends (or after the employer stops contributing toward the other coverage). If I do not do so, I will not be able to enroll until my employer's next annual open enrollment period. In addition, I understand that if I have a newly eligible dependent as a result of marriage, birth, adoption, or placement for adoption, I may be able to enroll myself, and my eligible dependent(s). However, I must request enrollment within 30 days after the marriage, birth, adoption, or placement for adoption. I understand that in order to request special enrollment or obtain more information, I should contact Jennifer Slater in the Human Resources Department at (810) 695-7567 or Jennifer@Actiontraffic.net.

Signature of Employee: _____ **Date:** _____