

# WAIVER OF COVERAGE



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**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.**

Group Policy No. <b>G0020194</b>	Subgroup No. <input type="checkbox"/> P002 – HSA <input type="checkbox"/> P001 – Traditional	Class No. / Classification HSA <input type="checkbox"/> 1001 – Active Traditional <input type="checkbox"/> 1003 – Active
<b>EMPLOYEE INFORMATION</b>		
EMPLOYER/GROUP NAME <b>Benton County</b>		EFFECTIVE DATE OF WAIVER month_____ day_____ year_____
EMPLOYEE NAME		EMPLOYEE HIRE DATE month_____ day_____ year_____
ADDRESS	CITY      STATE      ZIP	SOCIAL SECURITY NO.
Date of Birth month_____ day_____ year_____	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	Marital Status <input type="checkbox"/> Married <input type="checkbox"/> Single <input type="checkbox"/> Domestic Partner
<b>WAIVER INFORMATION – ALL SECTIONS MUST BE COMPLETED</b>		
WHO IS WAIVING COVERAGE <input type="checkbox"/> Myself <input type="checkbox"/> Myself and my eligible family members		
REASON COVERAGE IS BEING DECLINED (required) <input type="checkbox"/> I currently have other qualifying group medical coverage through:  Name of Insurance Carrier: _____  Through: <input type="checkbox"/> My other employer <input type="checkbox"/> My spouse's employer <input type="checkbox"/> My parent's employer <input type="checkbox"/> Medicare <input type="checkbox"/> Medicaid <input type="checkbox"/> Tricare <input type="checkbox"/> Oregon Health Plan (OHP) <input type="checkbox"/> Indian Health Service  <input type="checkbox"/> Other (please explain)* _____		
<b>IMPORTANT – PLEASE READ AND SIGN</b>		
<p><b>Groups with 25 or Fewer Eligible Employees:</b> 100% of all eligible employees not otherwise covered by other group coverage must enroll in the PacificSource group plan sponsored by your employer.</p> <p><i>*The following qualify as other group coverage: group policy sponsored by another employer, Medicaid, Medicare, Tricare (formerly known as CHAMPUS), Indian Health Service, and the Oregon Health Plan (OHP). Employees may not waive coverage if they do not have other group insurance or if they only have an Individual Policy.</i></p> <p><b>Groups with 26 or More Eligible Employees:</b> 90% of all eligible employees not otherwise covered by other group coverage (as outlined above) must enroll in the PacificSource group plan sponsored by your employer.</p> <p><b>Statement of Declination of Coverage:</b> 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 on the back of this form for more information).</p>		
Employee Signature _____		Date _____

## **Special Enrollment Periods**

Some employers have agreements with PacificSource allowing employees with other health coverage to waive this plan's coverage. In that case, both you and your family members may decline coverage during your initial enrollment period. If you are eligible to decline coverage and you wish to do so, you must submit a written waiver of coverage to PacificSource through your employer. You and your family members may enroll in this plan later if you qualify under Rule #1 or Rule #2 below.

If the agreement between PacificSource and your employer requires all eligible employees to participate in this plan, you must enroll during your initial enrollment period. However, your family members may decline coverage, and they may enroll in the plan later if they qualify under Rule #1 or Rule #2 below.

To find out if your employer's plan allows employees to decline coverage, ask your health plan administrator.

- **Special Enrollment Rule #1**

If you declined enrollment for yourself or your family members because of other health insurance coverage, you or your family members may 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 the other health insurance coverage ends. Coverage will begin on the first day of the month after the other coverage ends.

- **Special Enrollment Rule #2**

If you acquire new dependents because of marriage, domestic partnership, birth, or placement for adoption, you may be able to enroll yourself and/or your newly acquired dependents at that time. To do so, you must request enrollment within 31 days after the marriage, registration of the domestic partnership, birth, or placement for adoption. In the case of marriage and domestic partnership, coverage begins on the first day of the month after the marriage or registration of the domestic partnership. In the case of birth or placement for adoption, coverage begins on the date of birth or placement.

## **Late Enrollment**

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*If you did not enroll during your initial enrollment period and you do not qualify for a special enrollment period, your enrollment will be delayed six months after you apply.*

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A "late enrollee" is an otherwise eligible employee or dependent who does not qualify for a special enrollment period explained above, and who:

- Did not enroll during the 31-day initial enrollment period; or
- Enrolled during the initial enrollment period but discontinued coverage later.

Late enrollees are subject to a six-month enrollment waiting period. The waiting period begins on the date PacificSource receives the enrollment application, and plan coverage begins on the first of the month after the six-month waiting period. The plan's exclusion periods for pre-existing conditions, other conditions, and transplants then apply from the date of coverage unless you have prior creditable coverage (see "Exclusion Periods" and "Credit for Prior Coverage" in the Benefit Limitations and Exclusions section of the handbook).

**EXAMPLE**

*Your husband does not enroll in this plan when he first becomes eligible. When he decides to enroll in this plan several months later, he will be a late enrollee. His PacificSource coverage will begin six months after he applies for enrollment. His pre-existing conditions will not be fully covered until 12 months after he applies for enrollment (the six-month late enrollment waiting period plus the six-month exclusion period for pre-existing conditions).*