

**Section 7: Waiver/Declining coverage**

**Medical coverage**

Medical coverage declined for – check all that apply:  
Reason for declining coverage – check all that apply:

Myself    Spouse or domestic partner    Dependent(s)  
 Covered by spouse's or domestic partner's group coverage  
 Enrolled in other insurance – Please provide company name and plan: \_\_\_\_\_  
 Enrolled in individual coverage  
 Spouse or domestic partner covered by employer's group medical coverage  
 Medicare/Medicaid/VA  
 Other – please explain: \_\_\_\_\_  
 No coverage

**Dental coverage**

Dental coverage declined for – check all that apply:  
Reason for declining coverage – check all that apply:

Myself    Spouse or domestic partner    Dependent(s)  
 Covered by spouse's or domestic partner's group coverage  
 Enrolled in other insurance – Please provide company name and plan: \_\_\_\_\_  
 Enrolled in individual coverage  
 Spouse or domestic partner covered by employer's group medical coverage  
 Medicare/Medicaid/VA  
 Other – please explain: \_\_\_\_\_  
 No coverage

**Vision coverage**

Vision coverage declined for – check all that apply:  
Reason for declining coverage – check all that apply:

Myself    Spouse or domestic partner    Dependent(s)  
 Covered by spouse's or domestic partner's group coverage  
 Enrolled in other insurance – Please provide company name and plan: \_\_\_\_\_  
 Enrolled in individual coverage  
 Spouse or domestic partner covered by employer's group medical coverage  
 Medicare/Medicaid/VA  
 Other – please explain: \_\_\_\_\_  
 No coverage

**Life, Accidental Death & Dismemberment (AD&D) and Disability coverage**

\*Life/AD&D coverage declined for:  
Spouse, Domestic Partner and dependent coverage not available if life coverage is waived/declined.

Myself  
 Spouse or domestic partner and dependents

Dependent Life coverage declined for:  Myself

Optional Supplemental/Voluntary coverage declined for:  Spouse or domestic partner and dependents

Optional Supplemental/Voluntary Dependent Life coverage declined for:  Myself

Voluntary Short Term Disability coverage declined for:  Myself

Voluntary Long Term Disability coverage declined for:  Myself

Reason for declining coverage – check all that apply:

Life/AD&D declined for religious reasons  
 Do not elect to enroll in Dependent Life  
 Do not elect to enroll in Optional Supplemental/Voluntary coverage  
 Do not elect to enroll in Optional Supplemental/Voluntary Dependent Life coverage  
 Do not elect to enroll in Voluntary Short Term Disability  
 Do not elect to enroll in Voluntary Long Term Disability

\*I hereby certify that I have been given the opportunity to apply for the available group life benefits offered by my employer, the benefits have been explained to me, and I and/or my dependent(s) decline to participate. Neither I nor my dependent(s) were induced or pressured by my employer, agent, or life carrier, into declining this coverage, but elected of my (our) own accord to decline coverage. I understand that if I wish to apply for such coverage in the future, I may be required to provide evidence of insurability at my expense.

**Sign here only if you are declining coverage.**

Signature of applicant	Printed name	Social Security no.	Date (MM/DD/YYYY)
X			