

GRCC Waiver of Health Coverage

I acknowledge that I am eligible and have been offered the opportunity to purchase health coverage through the Grand Rapids Community College Health Plans for myself and my dependents.

I **decline** enrollment at this time because:

I have other medical coverage provided by (please provide a copy of your current health insurance card):
 Insurance Company's Name: _____ Policy Number: _____
 Through: (Employer's Name): _____

I **do not wish to enroll** in any type of medical coverage at this time. I do not have other medical coverage. I understand that I am not eligible for the additional compensation in lieu of this benefit. I also understand that I'm choosing to go uninsured and GRCC is not liable for my decision.

I **do not wish to enroll my spouse and/or child(ren)** 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 this plan 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 30 days after the marriage, birth, adoption or placement for adoption.

This form must be completed on an annual basis during open enrollment to continue receiving the cash in lieu benefit. Failure to do so by December 31st of the current plan year will result in the discontinuation of payments for the new plan year in which coverage has not been verified.

AUTHORIZATION

Print Employee's Name: _____ Employee ID: _____

Employee's Signature: _____ Date: _____