



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 name: _____ Policy no. _____

Through (employer 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 un-insured and GRCC is not liable for my decision.
- I do not wish to enroll my spouse /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

Printed name: _____

Employee Signature: _____ Date: _____

Witness: _____