

SMALL BUSINESS ACCOUNTS DECLINATION OF COVERAGE

I have been offered group health coverage through Kaiser Foundation Health Plan, Inc. (Health Plan), by my employer:

Company name _____ Group number _____

I voluntarily choose not to enroll in the Health Plan through my employer at this time. I understand my next opportunity to enroll myself or my eligible dependents will be during the open enrollment period. The Health Plan's *Evidence of Coverage* also informs the group of my enrollment rights due to:

- special enrollment due to new dependents, and
- special enrollment due to loss of other group coverage.

Reason for declining: (check one)

- I am covered by other group insurance.
- I do not want to have employer-sponsored health coverage.

Employee's name (print)	Employee's signature (Use black ink.)	Date	SSN (last 4 digits)
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Employees and their dependents will be eligible for late entry if one of these circumstances applies:

1. Termination of other health coverage:
 - a. This waiver of group medical coverage form is completed and signed, and
 - b. enrollment under this plan was initially declined solely due to other coverage, and
 - c. request for enrollment in the Health Plan is made within 30 days after termination of other coverage, and
 - d. termination of the other coverage is due to:
 - termination of employment,
 - change in employment terms,
 - termination of the other group coverage,
 - cessation of the other employer's contribution toward coverage, or
 - divorce or death of the person through whom the employee was covered as a dependent.
2. Court order: A request for enrollment is made within 30 days after issuance of a court order that coverage be provided for the spouse and/or minor children of a covered employee.