Central Region School Insurance Group

DECLINATION OF COVERAGE

EMPLOYMENT INFORMATION		
District Name	Medical ☐ Vision ☐ Dental ☐	Date of Hire

Notice and Certification of Coverage Declination. Must be completed if an eligible employee and/or family members decline coverage in a health plan offered by CRSIG.

DECLINATION INFORMATION-I decline coverage for:

	First Name	Middle Name	Last Name	SSN	DOB
Employee					
Spouse					
Child					
Child					
Child					
Child					

I understand that in the event I and/or my eligible dependents choose to enroll in a CRSIG plan at a later date, we may be considered "Late Enrollees" and may have to wait for coverage for a period of six (6) months after the date we enroll.

I have been informed that under the two following circumstances, I and my eligible dependents will not be considered Late Enrollees, and thus, will not have to wait for a period of six (6) months after we enroll in a CRSIG plan:

1. Other Employer Health Benefit Plan Coverage. You and your dependents (collectively "You") shall not be considered Late Enrollees if:

- **a.** You are covered under another employer health benefit plan ('Plan") although You are also eligible to enroll in a CRSIG plan;
- **b.** You certify in writing, on this Declination of Coverage that You are declining coverage under a CRSIG plan because You are already covered under another group Plan;
- **c.** You learn at a later date that You have lost or will lose coverage under the other Plan because of (1) the termination of your employment or the employment of the person through whom You are covered as a dependent; (2) a change in your employment status or the employment status of the person through whom You are covered as a dependent; (3) the termination of coverage under the other Plan; (4) the termination of an employer's monetary contribution toward your coverage under the other Plan; (5) the death of the person through whom You are covered as a dependent; or (6) the divorce from the person through whom You are covered as a dependent; and
- **d.** You request enrollment within thirty (30) days after termination of your coverage under the other Plan due to the reasons stated above in Subsection 1 (c).

If you meet each of the requirements listed above, You will not be classified as a Late Enrollee, and will not have to wait six (6) months after You enroll.

2. Court Order. If a court has ordered that You obtain health care coverage for your spouse or minor child, and You submit an application for enrollment with thirty (30) days after issuance of the court order, You and your spouse and/or minor child will not be classified as Late Enrollees.

I certify that the reason I am declining enrollment is: (check one)

- ☐ I am covered under another group health benefit plan offered to my spouse
- ☐ I am covered under an Individual health plan.
- ☐ I am declining coverage for other reasons (please state):

Unless one of the two circumstances set for the above applies to you, failure to enroll during the initial enrollment period will permit CRSIG to treat you as a late enrollee and to impose, at the time of your later decision to enroll, a six-month waiting period.

Print Name/Signature	**Date**