

# IDAHO WAIVER OF COVERAGE ID



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If you decline to enroll either yourself or your eligible family members in the health care coverage offered by your employer, we ask that you complete this form. **Qualified late enrollees who decline coverage may not reapply for coverage until their employer's policy renewal date** unless they meet the special enrollment provisions.

EMPLOYEE INFORMATION				
EMPLOYER/GROUP NAME		GROUP NO.	EFFECTIVE DATE OF WAIVER	
EMPLOYEE NAME		SOCIAL SECURITY NO.		EMPLOYEE DATE OF BIRTH
ADDRESS	CITY	STATE	ZIP	EMPLOYEE HIRE DATE

### WAIVER INFORMATION (all sections must be completed)

WHO IS WAIVING COVERAGE

Myself       My spouse (specify name): \_\_\_\_\_

My children (specify names): \_\_\_\_\_

COVERAGE BEING WAIVED

Medical Only     Medical and Dental     Dental Only (dental can only be waived if also waiving medical)

REASON COVERAGE IS BEING DECLINED

I and/or my dependents currently have other qualifying medical coverage through:

*Insurance Carrier:* \_\_\_\_\_ *Policy/Group No.:* \_\_\_\_\_

*Group Name:* \_\_\_\_\_ *Covered Person's ID No.:* \_\_\_\_\_

Other coverage is:  Group Policy     Individual Policy     Medicare     Medicaid     Tricare     Indian Health Service

Is your current employer contributing toward this coverage?  Yes     No

Other\* \_\_\_\_\_

I do *not* wish coverage and do *not* have other medical coverage\*

*\*Employees of small employers may not waive coverage if they do not have other qualifying medical coverage.*

### IMPORTANT – PLEASE READ AND SIGN

I understand that if, at this time, I decline coverage offered by my employer for myself or for any of my eligible family members, and then choose to apply for coverage later, PacificSource may exclude coverage of a pre-existing condition for up to 12 months. However, I, or my eligible dependents, may enroll later if:

1. We are declining coverage now because we currently have qualifying existing coverage; and
2. We choose to enroll later because of the loss of the existing coverage due to a termination of employment or eligibility or the involuntary termination of the qualifying existing coverage; and
3. I enroll within 31 days after termination of my qualifying existing coverage, or in the case of my dependents, they may take up to 60 days after the loss of their coverage to enroll.

I understand that if my employer offers more than one plan option, I may switch to another plan at open enrollment. And, credit for time under coverage will be given toward any preexisting condition exclusion period of the other plan.

I understand that if I receive a court order to provide coverage for my spouse and/or minor dependent child, they may be enrolled as dependents in the first 31 days after issuance of the court order. Coverage will become effective the first of the month following the date of the court order.

I understand that I can enroll myself, my spouse, and/or any newly acquired dependent children at the time of my marriage. Coverage will become effective the first of the month following marriage. I also understand that if I am enrolled, my newborn child, including an adopted child placed within 60 days of birth, will automatically be covered for the first 60 days of life. However, to extend coverage beyond the initial 60 days, I must enroll the child within the subsequent 60-day period. And, my adopted child placed after more than 60 days after birth may be enrolled within 60 days of placement. Coverage will be effective the date of placement.

I understand that PacificSource will credit time under qualifying previous coverage toward the preexisting condition exclusion period of my new coverage if the effective date of the new coverage is within 63 days of the of the previous coverage.

_____ Employee Signature	_____ Date	_____ Spouse Signature	_____ Date
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