



School Administrative Unit 70

41 Lebanon Street, Suite 2
Hanover, New Hampshire
03755-2147

Hanover High School
Frances C. Richmond Middle School
Bernice A. Ray School
Marion W. Cross School

Waiver of Group Health Benefits & Notice of Special Enrollment Rights

Please complete the following:

Employee Name: _____
(Last) (First) (MI)

Employee SSN Number: _____

For the plan year effective ___/___/___ I am waiving coverage for:
(MM/DD/YY)

- Health Insurance
- Dental Insurance
- Vision Insurance

I am waiving coverage due to:

- Covered by a spouse/domestic partner or parent plan – name of carrier: _____
- Enrolled in another employer plan – name of carrier: _____
- Covered by Medicare or Veteran’s Program – name of carrier: _____
- Other coverage – (Please Explain): _____

Special Enrollment Notice and Certification

Please review and sign below if you wish to waive coverage

By signing below, I certify that I have been given an opportunity to apply for coverage for myself and my eligible dependents, if any. I am declining enrollment as indicated above. I understand that I am declining enrollment for myself or my eligible dependents (including my spouse) because of other health insurance or group health plan coverage, I may be able to enroll myself and my eligible dependents in this plan if I lose, or my eligible dependents lose, eligibility for that other coverage.

I understand that I must request enrollment no more than 30 days after the date the other health plan coverage ends. If I do not do so, I will not be able to enroll until my employer’s next annual open enrollment period.

In addition, I understand that if I have a newly eligible dependent as a result of marriage, birth, adoption, or placement for adoption, I may be able to enroll myself and my eligible dependent(s). However, I must request enrollment within 30 days after the marriage, birth, adoption, or placement for adoption.

I understand that in order to request special enrollment or obtain more information, I should contact Human Resources.

Signature of Employee

Date Signed