



Waiver of health insurance coverage



**BlueCross BlueShield
of Vermont**

An Independent Licensee of the Blue Cross and Blue Shield Association.

I acknowledge that I have been offered the opportunity to purchase health insurance coverage from BCBS through the VEHI Group for myself and/or my dependents through my employer.

I decline enrollment at this time because I have other medical coverage provided by:

Insurance Company: _____ Policy Number: _____

Employer name: _____

I decline enrollment for my;

Spouse

Child(ren)

Waiver of dental insurance coverage



CBA Blue

An Independent Licensee of the Blue Cross and Blue Shield Association.

I acknowledge that I have been offered the opportunity to purchase dental insurance coverage from CBA Blue for myself and/or my dependents through my employer.

I decline enrollment at this time because I have other dental insurance coverage provided by:

Insurance Company: _____ Policy Number: _____

Employer name: _____

I decline enrollment for my;

Spouse

Child(ren)

If you are declining enrollment for yourself or dependents (including your spouse) because of other health or dental 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, married, divorced, birth, adoption or placement for adoption. We need proof of the circumstance and the enrollment application within 30 days of loss of coverage or 60 days for the other events,

Printed name: _____

Signature: _____ Date: _____