

NCSD12 Multipurpose Form for :

Waiver of Group Health Coverage

Term of Med/Dent/Vis Insurance (see other side)

Authorization to Stop Direct Deposit (see other side)

Authorization to Stop Deductions (see other side)

Employee # _____

Employee Last Name

First Name

Rev 10/28/14

I acknowledge that I have been offered the opportunity to enroll in group health benefits available to me through my employer, North Clackamas School District (NCSD). These benefits include:

NC Medical Plan V, NC Vision, NC Dental, Kaiser Medical, and Kaiser Dental

I decline enrollment at this time for coverage provided through the District for:

☐ Medical ☐ Dental ☐ Vision (N/A if Kaiser Med enrolled)

Reason for declining coverage:

☐ I or my dependents **have other coverage** provided by:

Name of Insurance Carrier _____

Group -or- Policy Number _____

Group or Employer Name _____

List Covered Family members _____

☐ I/we **do not have other coverage** but wish to waive benefits for:

☐ Myself ☐ Spouse/Domestic Partner

☐ Child/ren - List names _____

Authorization Section

I understand if I decline enrollment for myself or dependents (including spouse/domestic partner) due to other health care coverage, I may enroll myself or my dependents on a NCSD plan prior to the next Open Enrollment period under a Qualifying Event. If I have involuntarily lost other coverage, NCSD must receive my enrollment application within 31 days after my other coverage ends. Additionally, if I have a new dependent as a result of marriage, birth, adoption, or placement for adoption, I may be able to enroll myself and dependents provided NCSD receives my completed enrollment application within 31 calendar days after the Qualifying Event.

If I decline enrollment for myself or dependents (including spouse/domestic partner) without other creditable coverage in force on this date, I understand I may not be eligible to enroll until the next Open Enrollment period.

My signature below is acknowledgement that all information on this form is true and complete. I am aware it is a crime to knowingly provide false, incomplete, or misleading information for the purpose of defrauding any North Clackamas School District benefit plan. Penalties include imprisonment, fines, and denial of insurance.

Employee Signature

Date

Benefits Specialist Authorization

Date