

Memo

To: Oregon School District New or Rehired Staff

From: Brenda Klitzke, PHR
Employee Services

Date: _____

Re: Health Insurance Waiver

Health Insurance Waiver

I certify that I have been given the opportunity to apply for the Oregon School District group health benefit plan coverage for which I am eligible; I decline to enroll for such coverage on my own behalf and that of my dependents, if any. I understand that as a result of this waiver, I decline coverage at this time, and that if I should decide to apply for coverage at a later date, my dependents and I will be subject to the following rules:

1. If I am declining coverage because of other health insurance coverage, then I may, in the future, be able to enroll myself and my dependents on this plan, provided that I do so within 31 days after my other coverage ends; or
2. If I gain a new dependent as a result of marriage, birth, adoption, or placement for adoption, I may be able to enroll myself and my dependents, provided I request enrollment within 31 days after the marriage, birth, adoption, or placement for adoption; or
3. **If neither "1" or "2" above, applies, then I and/or my dependents will be considered a Late Enrollee(s) and will be subject to a 12 month delayed effective date, provided I and/or my dependents are still eligible for coverage. During this 12 month waiting period, premiums will not be due nor will benefits be paid.**

Employee Name (Please Print) _____

Signature of Employee Refusing Coverage _____

Date _____