KAISER PERMANENTE®

California Small Business

WAIVER OF COVERAGE

(Employee)

IMPORTANT INFORMATION

EMPLOYEE/EMPLOYER USE ONLY - DO NOT RETURN THIS FORM TO YOUR KAISER PERMANENTE REPRESENTATIVE.

Employees: Use this form only to decline group health coverage and return to your employer.

Employers: Keep this form for your records. **If you'd like to terminate a subscriber, use the Subscriber Termination, Transfer, and Reinstatement Form.**

1 COMPANY INFORMATION

Company name	Group ID (if assigned)

2 REASON FOR DECLINING

I've been offered Kaiser Permanente group health coverage by my employer. I voluntarily choose not to enroll myself in a Kaiser Permanente plan at this time. I understand that the next opportunity to enroll will be during the annual open enrollment period or after a qualifying event.

Declination reason and carrier name impact the participation requirement.

Reason for declining (check one):

- ☐ I'm covered by another employer's health plan through my spouse/domestic partner/parent.
- ☐ I'm covered by another health plan offered by this employer.
- ☐ I'm covered by another employer I work for.
- ☐ I'm covered by group coverage through COBRA or Cal-COBRA.
- ☐ I'm covered by Medicare, Medi-Cal, or Tricare (military or VA benefits).
- ☐ I'm covered by an individual health plan.
- ☐ Not interested in enrolling at this time.

3 READ AND SIGN

If you decline coverage for yourself, you're also declining coverage for your eligible dependent(s). You can only enroll or change your coverage during annual open enrollment period established by your employer or during a special enrollment period if you've experienced a qualifying event. You must request coverage within 60 days of a qualifying event. Special enrollment qualifying events include:

- increase in your hours so that you meet your employer's requirement for medical plan eligibility
- return from a leave of absence
- involuntary termination or loss of other group coverage
- a dependent loses coverage elsewhere
- marriage or addition of a domestic partner
- birth, adoption of a child, or placement for adoption
- court order
- death of a spouse, domestic partner, or dependent

Employee name (print)

Signature	Date
X	