

**Group Name:** \_\_\_\_\_

**DENTAL PLAN REFUSAL/WAIVER**

**A. Dental coverage declined for:**  Myself  Spouse  Dependent(s)  Spouse and dependent(s)

**B. Reason for declining coverage:** (Check one)

- Covered by spouse's group coverage – Carrier name and I.D. number: \_\_\_\_\_
- Enrolled in any other insurance carrier plan – Carrier name: \_\_\_\_\_
- Military
- Medicare
- Other (Explain): \_\_\_\_\_

I acknowledge that the available coverages have been explained to me by my employer and I know that I have every right to apply for coverage. I have been given the chance to apply for this coverage and I have decided not to enroll myself and/or my dependent(s), if any. I have made this decision voluntarily, and no one has tried to influence me or put any pressure on my decline coverage. **BY DECLINING THIS GROUP DENTAL COVERAGE (UNLESS EMPLOYEE AND/OR DEPENDENTS HAVE GROUP DENTAL COVERAGE ELSEWHERE) I ACKNOWLEDGE IF I/WE APPLY FOR COVERAGE AFTER FIRST ELIGIBLE, MY DEPENDENTS AND I MAY BE CONSIDERED A LATE ENTRANT.**

You will not be considered a late enrollee if:

1. You or Your waiving Dependents were covered under another dental plan at the time of waiver; and, You execute this form at the time of waiver;
  - a) You have lost coverage under another dental plan as a result of: i) termination of employment; ii) change in employment status; iii) termination of the other plan's coverage; iv) cessation of an employer's premium contribution toward an employee's or dependent's coverage; or death of the individual through which the waiving individual was covered as a Dependent, or divorce, and
  - b) You request enrollment within 30 days after termination of coverage or Employer contribution under another employer dental benefit plan; or,
2. A court orders coverage be provided for a spouse or child of an insured Employee and request for enrollment under this plan is made within 30 days of the issuance of the court order; or,
3. He or she is employed by an Employer that offers multiple dental plans and the Employee elects a different plan during an open enrollment period.

**Employee Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Print Employee Name: \_\_\_\_\_

Social Security #: \_\_\_\_\_