



Regence BlueShield is an Independent Licensee of the Blue Cross and Blue Shield Association

Regence BlueShield
1800 Ninth Avenue
PO Box 21267
Seattle, Washington 98111-3267

Waiver Form

SECTION 1 - GROUP INFORMATION

Group Name
Group Number

SECTION 2 - EMPLOYEE INFORMATION

Employee Name (Last, First, Middle)
Employee Date of Hire
Employee average number of hours worked per week
Waiving coverage for: Employee, Employee/Dependents, Dependents Only

SECTION 3 - WAIVING COVERAGE INFORMATION

I have been offered coverage under my group's plan through Regence BlueShield, but I am waiving coverage for the following reason(s). Check all that apply:

- I do not wish to enroll myself and/or my dependents in my group's medical plan at this time
I currently have medical coverage elsewhere:
Carrier
Policy Number
Policy Type: Group, Medicare, TriCare, Other
I do not wish to enroll myself and/or my dependents in my group's dental plan at this time
I currently have dental coverage elsewhere:
Carrier
Policy Number

If you are waiving coverage under this medical/dental plan for yourself or your dependents (including your spouse) because of other health insurance or group health plan coverage, you may be able to enroll yourself and your dependents under this plan if you or your dependents lose eligibility for that other coverage...

I understand that I and/or any of my dependents will be unable to obtain coverage under my group's plan through Regence BlueShield until the next annual enrollment period, unless I and/or my dependents qualify for a special enrollment period.

I have provided these answers as part of the application procedure required by Regence BlueShield to waive coverage and I certify that all information completed on this form is true, correct, and complete. I understand that Regence BlueShield will rely on each answer in making coverage and rating determinations.

I hereby verify that I have reviewed all the information provided on this application (regardless of whether I completed it or someone else assisted me with completion) and certify that it is accurate and complete. I agree to promptly inform Regence BlueShield in writing if anything happens before my coverage takes effect that makes any answer on this application inaccurate or incomplete.

Signature of Employee
Date

