



Ozarks Technical Community College

WAIVER OF COVERAGE - MEDICAL AND/OR DENTAL

If you are waiving coverage for any reason, including other coverage, you must complete and sign this form. Ozarks Technical Community College insurance coverage will not be dropped without proof of other coverage.

Name: _____
First & Last Name - Please print

Monetary remuneration will not be given in lieu of benefits
I am declining coverage for: (please check below)

MEDICAL

- Myself
Spouse
Dependent Child(ren)
Myself and all dependents

DENTAL

- Myself
Spouse
Dependent Child(ren)
Myself and all dependents

For the following reason:

- COBRA or State Continuation
Coverage under Spouse's Group plan
Individual Health Plan
Medicaid
Medicare or Champus (Tri-Care)

For the following reason:

- COBRA or State Continuation
Coverage under Spouse's Group Plan
Individual Dental Plan

If you are declining enrollment for you and your dependents (if any), you must wait until the next open enrollment period to enroll unless you meet the special enrollment rules described below:

- 1) Eligibility for coverage under other employer sponsored group health/dental plan involuntarily ends.
2) Loss of coverage as a result of exhaustion of COBRA benefits, eligibility for coverage including legal separation, divorce, death, termination of employment, reduction of hours, or your employer contributions for coverage were terminated.
3) MEDICAL ONLY: Newly acquired dependent as a result of marriage, birth, adoption, or placement for adoption, and a court or administrative order stating the employer shall provide insurance for dependent children.

The eligible covered employee or dependent will have a special enrollment period of thirty-one (31) days within which to submit the required forms to enroll.

Signature of Employee Waiving Coverage

Date of Signature