

**WEST VALLEY-MISSION COMMUNITY COLLEGE DISTRICT
MEDICAL INSURANCE COVERAGE WAIVER NOTICE**

I understand and acknowledge that I am waiving coverage of my employer's health plans and that failure to elect coverage at this initial enrollment period permits the plan to impose, at the time of a later decision to elect coverage, an exclusion from coverage for a period of 12 months, unless I meet the criteria specified below.

"Late enrollee" means an eligible employee or dependent who has declined health coverage under a health benefit plan offered through employment or sponsored by an employer at the time of the initial enrollment period provided under the terms of the health benefit plan, and who subsequently requests enrollment in a health benefit plan of the employer; provided that the initial enrollment period shall be a period of at least 30 days. However, and eligible employee or dependent shall not be considered a late enrollee if any of the following is applicable:

- 1) The individual meets all of the following requirements:
 - (A) The individual was covered under another employer health benefit plan at the time the individual was eligible to enroll.
 - (B) The individual certified, at the time of the initial enrollment that coverage under another employer health benefit plan was the reason for declining enrollment provided that, if the individual was covered under another employer health plan, the individual was given the opportunity to make the certification required and was notified that failure to do so could result in later treatment as a Late Enrollee; and
 - (C) The individual has lost or will lose coverage under another employer health benefit plan as a result of termination of employment of the individual or of a person through whom the individual was covered as a dependent, change in employment status of the individual or of a person through whom the individual was covered as a dependent, termination of the other plan's coverage, cessation of an employer's contribution toward an employee or dependent's coverage, death of a person through whom the individual was covered as a dependent, or divorce.
 - (D) The individual requests enrollment within 30 days after termination of coverage, or cessation of employer contribution toward coverage provided under another employer health benefit plan.
- (2) The individual is employed by an employer that offers multiple health benefit plans and the individual elects a different plan during an open enrollment period.
- (3) A court has ordered that coverage be provided for a spouse or minor child under a covered employee's health benefit plan and request for enrollment is made within 30 days after issuance of the court order.

Employee's Signature

Date

Employee's Name (Please print clearly)