

# Thurston County Human Resources 2010 Waiver of Insurance Coverage

Payroll deductions will be stopped once a completed waiver of coverage form is received by Human Resources prior to the effective date of the waiver.

## Waivers for medical plans:

- Medical insurance coverage is a benefit to eligible Thurston County employees.
- Employee coverage may be waived for these plans at any time.
- Dependent coverage may be waived at any time. However, dependents may be subject to a waiting period or a pre-existing condition clause if there is a need to re-enroll them.

## Waivers for dental, life, vision plans:

- Dental, life, and vision plan insurance coverage is a benefit to eligible Thurston County employees.
- Waivers of employee coverage for these plans are not allowed for any reason when benefits are paid in full by Thurston County.
- Waiver of coverage for dependents enrolled in these plans is allowed at anytime, however, unless dependents have had continuous coverage under a similar plan, they may not be re-enrolled at any time in the future.

## Waivers for supplemental life, accidental death & dismemberment, AFLAC insurance:

- Coverage under these plans for employees and dependents may be waived at any time.

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### Insurance Coverage Waiver

#### Employee only:

I, \_\_\_\_\_ (name) waive all rights to insurance benefits listed below based on my employment with Thurston County. I understand that at no time in the future may I hold Thurston County responsible for any expenses incurred on my behalf. I release Thurston County from all liability. Evidence that I have read and understand this consent form is indicated by my signature below.

#### Dependent:

I, \_\_\_\_\_ (name) waive all rights to benefits for my dependents under the applicable benefits contract. I waive coverage for \_\_\_\_\_  
(dependent names) under the following plans:

#### Please check all that apply:

- |   |  |
|---|--|
| <input type="radio"/> Group Health Classic        | <input type="radio"/> Washington Dental Service        |
| <input type="radio"/> Group Health Value          | <input type="radio"/> Willamette Dental Plan           |
| <input type="radio"/> Kaiser Permanente Classic   | <input type="radio"/> Vision Service Plan              |
| <input type="radio"/> Kaiser Permanente Value     | <input type="radio"/> Standard Basic Life              |
| <input type="radio"/> Uniform Medical Plan        | <input type="radio"/> Supplemental Life                |
| <input type="radio"/> Aetna Public Employees Plan | <input type="radio"/> Accidental Death & Dismemberment |
|   | <input type="radio"/> AFLAC                            |

Reason for waiver of coverage:  Divorce  Adult Child  Other coverage  Other \_\_\_\_\_

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Effective Date

\_\_\_\_\_  
Signed (date)