

Thurston County Human Resources 2012 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, unless dependents have had continuous coverage under a similar plan, they may not be re-enrolled until open enrollment.

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 insurance:

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

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="checkbox"/> Group Health Classic | <input type="checkbox"/> Washington Dental Service |
| <input type="checkbox"/> Group Health Value | <input type="checkbox"/> Willamette Dental Plan |
| <input type="checkbox"/> Group Health CDHP | <input type="checkbox"/> Vision Service Plan |
| <input type="checkbox"/> Kaiser Permanente Classic | <input type="checkbox"/> Standard Basic Life |
| <input type="checkbox"/> Kaiser Permanente CDHP | <input type="checkbox"/> Supplemental Life |
| <input type="checkbox"/> Uniform Medical Plan Classic | <input type="checkbox"/> Accidental Death & Dismemberment |
| <input type="checkbox"/> Uniform Medical Plan CDHP | |

Reason for waiver of coverage: Divorce Adult Child Other coverage Other _____

Employee Signature

Effective Date

Signed (date)