



RICH TOWNSHIP HIGH SCHOOL DISTRICT 227
Waiver of Group Health Benefits & Notice of Special Enrollment Rights

Please complete the following:

Employee Name: _____
(Last) (First)

For the plan year effective 10/1/2016 I am waiving coverage for:

- _____ Myself
_____ Spouse/Domestic Partner
_____ Dependent (s)

I am waiving coverage due to:

- _____ My preference not to have coverage
_____ Coverage Under my spouse's/domestic partner's plan
_____ Other coverage

Special Enrollment Notice and Certification – *Please review and sign below if you wish to waive coverage*

By signing below, I certify that I have been given an opportunity to apply for coverage for myself and my eligible dependents, if any. I am declining enrollment as indicate above. I understand that if I waive medical coverage, I cannot enroll until the next open enrollment period unless I experience a family status change. Examples of qualifying family status changes include, but are not limited to:

- Marriage, divorce, legal separation or annulment
- Gaining a dependent by birth, legal adoption of a child, or addition of a stepchild
- Losing a spouse or dependent through death or if a dependent becomes ineligible
- Changes in your, your spouse's or your dependent's employment status
- Your spouse's open enrollment

In addition, I under that if I elect to waive medical coverage, and sign this form, I cannot enroll for medical coverage until the next open enrollment period unless I experience a family status change and enroll within 30 days of that change.

Signature of Employee

Date of Signature

Return this form by September 30, 2016 to Human Resources at District office: 20550 South Cicero Avenue, Matteson, IL 60443