

# Engineering Resource Group Medical and Dental Waiver Form

Employee Name: \_\_\_\_\_  
Last First MI

Marital Status:  Single  Married  Widowed  Divorced

## Medical

I was given the opportunity to enroll in this plan of group health benefits offered by my employer & insured by Oxford Health Plans (NJ), Inc.

I *refuse* medical coverage for the following reason: *(Please check all appropriate boxes.)*

- Covered by Other Organization
- Covered by Parent's Plan
- Covered by Spouse's Employer's Plan
- Currently on COBRA Plan
- Enrolled in Plan through Healthcare Exchange

Name of Organization: \_\_\_\_\_ Name of Insurance Carrier: \_\_\_\_\_

Member ID#: \_\_\_\_\_ Group Policy #: \_\_\_\_\_

- Do Not Want Coverage
- Medicare Coverage
- Other Reason (please explain) \_\_\_\_\_
- TRICARE Coverage
- VA Coverage

**I understand that I cannot enroll in the plan until the new plan year open enrollment unless I have a qualified life event as defined by IRS Section 125 and the insurance carrier (some examples of a qualified life event are marriage, birth/adoption, and spouse losing coverage). If I do qualify to enroll due to a qualified life event, I understand I must give my employer 30 days notice from the date of the event.**

## Dental

I was given the opportunity to enroll in this plan of group health benefits offered by my employer and insured by MetLife.

I *refuse* dental coverage for the following reason: *(Please check all appropriate boxes.)*

- Covered by Other Organization
- Covered by Parent's Plan
- Covered by Spouse's Employer's Plan
- Currently on COBRA Plan
- Enrolled in Plan through Healthcare Exchange

Name of Organization: \_\_\_\_\_ Name of Insurance Carrier: \_\_\_\_\_

Member ID#: \_\_\_\_\_ Group Policy #: \_\_\_\_\_

- Do Not Want Coverage
- Other Reason (please explain) \_\_\_\_\_

**I understand that I cannot enroll in the plan until the new plan year open enrollment unless I have a qualified life event as defined by IRS Section 125 and the insurance carrier (some examples of a qualified life event are marriage, birth/adoption, and spouse losing coverage). If I do qualify to enroll due to a qualified life event, I understand I must give my employer 30 days notice from the date of the event. I also understand that if I do enroll at a later open enrollment, I will be subject to the late entrance waiting periods as defined by the insurance carrier (12 months for Basic and Major and 24 months for Ortho).**

Signature \_\_\_\_\_

Date \_\_\_\_\_