

City of Bakersfield - Health Insurance Waiver

Employee Name **PRINT**

Social Security #

I am waving my coverage for Medical (prescriptions, mental health, vision) _____

I am waving my coverage for Dental _____

SECTION 9 Waiver of Health Benefit Plan Acknowledgement (You MUST complete this section if you are waiving coverage)

By signing below, I acknowledge that I have been given the opportunity to enroll myself and my eligible dependents in the City of Bakersfield's Health Benefit Plans (medical, prescription drug, mental health, vision and dental) plans. I have read Section 10 "When Changes are Allowed" on this form and I understand my options of when I may re-enroll in the City of Bakersfield's Health Benefit plans.

By signing this waiver I am certifying that I and/or my dependents have coverage under another health benefit plan(s).

Signature of Applicant 

Date:

SECTION 10 When Changes Are Allowed

1. Loss of Eligibility for Other Group Coverage

I understand I will not be eligible to enroll myself or my dependent in the City of Bakersfield's group insurance plans until the plan's next Open Enrollment period or in accordance with the "special enrollment" event. Special enrollment events are listed under the Loss of Coverage and Life Status Changes below.

- a.) Termination of employment or change of employment status of the person through who you/they were covered
- b.) Termination of the other employer's medical / dental plan
- c.) Termination of other's employer's contribution for the person's coverage
- d.) Loss of entitlement to Medicare
- e.) Moving your residence outside of an HMO's service area
- f.) Divorce or death of the person through who you/they were covered
- g.) Reaching the lifetime maximum benefit under the other employer's medical plan
- h.) Exhaustion of COBRA coverage

I understand that I must request enrollment within 30 days after termination of coverage under the other employer's health benefit plan(s), or wait until the plan' next Open Enrollment.

2. Qualifying Life Status Changes

You may be eligible to make changes to your benefit elections outside of the annual Open Enrollment period as a result of a qualifying life status change.

- a.) Marriage or divorce, or commencement or termination of a domestic partnership (affidavit required)
- b.) Birth or adoption of a child
- c.) Death of a dependent
- d.) Coverage of a child due to a Qualified Medical Child Support Order

I understand that I must request applicable changes to my health benefits within 30 days of the event, or wait until the plan's next Open Enrollment. Refer to your benefit summary booklet for additional information regarding the situations under which you may change your health benefit elections during the plan year.

RETURN COMPLETED FORM TO THE BENEFITS OFFICE IN HUMAN RESOURCES