

This form must be completed if you are waiving medical coverage under the Drexel University benefits plan and want to receive the monthly Opt-Out bonus.

Please Note: Federal regulations prohibit Medicare eligible employees over age 65 who waive their employer's medical coverage from receiving a waiver bonus if their primary source of other coverage is Medicare.

You must choose 'Waive' in the enrollment system, and additional proof of other coverage is required. Please attach a copy of your medical ID card to this form in order to complete the process of waiving (Opt-Out) your medical coverage.

University ID

Employee Name

Person under whom you are covered

Employer sponsoring the plan

Medical Insurance Carrier

Policy Numbers

Important Notice: To receive your waiver bonus, Drexel University must have a completed form on file. It is required to be completed at the initial period of waiving coverage, and each year at open enrollment if you wish to continue to receive the bonus. If you have not previously completed this form, please do so and return it to Drexel Human Resources at the address listed below immediately following your enrollment. Failure to return this form will result in your enrollment in the default plan with appropriate per pay deductions and the forfeiture of the waiver bonus.

I understand that by opting out as a primary participant, neither I, nor any of my eligible dependents are covered under the Drexel University medical insurance plan. However, if my spouse also works for Drexel University, I will be able to receive coverage as a dependent of him/her. I also understand that unless I experience a Qualified Life Event, **(marriage reconciliation of legal separation, birth or legal adoption of child, change in legal custody of dependents, child is no longer eligible for coverage, child age 19 through 22 becomes full-time student (age 26 only for Medical/Rx), death of a spouse or child, spouse gains employment or becomes eligible for benefits through employer, spouse's employment terminates or he or she is no longer eligible for benefits through employer, employee on severance becomes employed or becomes eligible for benefits through new employer, a QMCSO requires you to provide for medical coverage for your child(ren) or relieves you from the responsibility of providing medical coverage for your child(ren), you or your spouse becomes eligible for Medicare and elect Medicare as the sole medical coverage, Leave of Absence)**, I will be unable to elect coverage until the next Open Enrollment.

Employee Signature

Date

Please return completed form to 215-895-5813 (fax), or mail to:
Drexel Human Resources c/o Benefits
3201 Arch St, Suite 430
Philadelphia, PA 19104