

EMPLOYEE BENEFITS WAIVER OF COVERAGE

Company Name: Drexel University Online, LLC Date: _____

Employee Name: _____

Social Security #: _____ Date of Birth: _____ Date of Hire: _____

Marital Status: Single Married Divorced Widowed

You are declining enrollment in the **Drexel University Online, LLC** Benefit Plan for you and/or your dependents (including your spouse) because of other health insurance coverage. Please be advised you may in the future be able to enroll yourself or your eligible dependents in this plan, provided that you request enrollment within 30 days after your other coverage ends.

In addition, if you have a new dependent as a result of marriage, birth, adoption, or placement for adoption, you may be able to enroll yourself and your newly acquired dependent(s), provided that you request enrollment within 30 days after the marriage, birth, adoption or placement for adoption.

Please indicate below the coverages you are waiving, complete the Employee Sign-Off of Waiver of Coverage Statement below and attach a copy of your other group health coverage identification card. Please return this form (with attachment) within five (5) business days to the **Drexel University Online, LLC** Human Resources Department.

I ***waive*** the following coverages:

- Health: Employee Spouse Coverage Children Coverage
- Dental: Employee Spouse Coverage Children Coverage
- Voluntary Plans: Employee Spouse Coverage Children Coverage

Employee Sign-off of Waiver of Coverage Statement:

"I have read and understand the above notification. I understand that, if I waive plan coverage, I will only be able to obtain such coverage upon the plan's open enrollment period or because of one or more of the events listed above.

I am declining health care coverage under the company sponsored plan due to the following reason(s)":

- other group coverage sponsored by my spouse's employer *(List carrier name & group number below)*
- other group coverage sponsored by another organization *(List carrier name & group number below)*
- other reasons *(please explain)*

Signature of Employee

Date

Signature of Spouse

Date

Signature of Witness

Date