



WAIVER OF COVERAGE

*Required of all employees
who do not wish to be covered by HPS!*

I agree to waive coverage for health benefits being offered through my employer by Health Plan Select. The reason for waiver of coverage is:

Covered under my spouse's plan

Covered under another plan

Not interested in health benefits

I understand that I will not be able to enroll my dependents or myself until the company's next open enrollment period. The exception to this exclusion would be a "life event" which includes a marriage, a birth, spouse's change of employment, adoption or change of status as a legal guardian.

Group # _____ Group Name _____

Name (Please Print)

Signature

Date