BlueQuote
QUOTING, SIMPLIFIED.

Blue Cross Blue Shield of Massachusetts

Waiver of Group Coverage

Company Name:_____

Employee Name:_____ Date of Birth:_____

Please Check One:

❍ I waive my employer's group health insurance coverage for myself and my dependents (if any).

❍ I am enrolling in my employer's group health insurance coverage but I am waiving coverage for my dependents.

Reason for Waiving Coverage – Please Check One:

❍ Covered through spouse's employer

Employer Name:_____

Insurance Company:_____

❍ Other reason (explain):_____

As a result, I waive my and/or my dependents' (if any) eligibility to enroll in my employer's group plan at this time. I understand that I and/or my dependents may enroll under this plan in the future only: within 30 days of involuntary loss of other group coverage; or, at the time of my employer's annual open enrollment.

Employee Signature:_____ Date:_____