

Voluntary Waiver of Health Insurance Benefits

1. It has been explained to me, that as an eligible employee, I am entitled to participate in the Diocese of Gary Health Care Insurance Plan.
2. I understand that if I participate in the plan, I would contribute only one dollar (\$1.00) each month for my coverage and any cost for dependent coverage if applicable. My employer will pay the remaining costs for my own participation in the plan.
3. I realize that in waiving participation in the plan, I am also waiving any claim to contributions, which would have been made, on my behalf for health insurance coverage.
4. I understand that periods of service during which I do not participate in the plan will not count toward "service credit" if I elect to enter the plan at a future date. And, that eligibility for health insurance coverage at retirement is based on years of continuous coverage, not years of continuous employment.
5. I have been informed that a condition of my election not to participate in the plan is proof that I am covered by another health insurance plan, other than the Diocese of Gary Health Care Plan.
6. I hereby acknowledge the receipt of the summary Health Insurance Portability and Accountability Act of 1996 (HIPAA) provided separately.

IMPORTANT NOTICE TO LATE ENROLLEES: If you do not enroll within 30 days after becoming eligible, you will be considered a late Enrollee subject to current HIPAA provisions and a Pre-Existing Condition Exclusion Period, if any, not to exceed 18 months-less any creditable coverage that may apply.

Please be advised that I freely choose not to participate in the Diocese of Gary Health Care Plan. I state that I have health care coverage in the plan named below:

Name of your insurance plan: _____

Please mark one:

- I also waive the term life insurance coverage.
- I wish to enroll in the term life insurance coverage, and have attached a life insurance beneficiary form. I understand that one-dollar a month will be deducted from my payroll check.

Employee Signature _____ Date _____

Printed employee name _____

Employer (School, Parish or Institution) _____