



## HEALTH PLAN ENROLLMENT AND WAIVER FORM

Today's Date:				V.0312022014N			
<b>EMPLOYEE INFORMATION</b>							
Employee's last name:		First:	Middle:		Marital status:		
Is this your legal name? <input type="radio"/> Yes <input type="radio"/> No	If not, what is your legal name?		Former name:		Birth date:	Age:	Gender: <input type="radio"/> M <input type="radio"/> F
Address:							
Social Security no.:			Home phone no.:			Cell phone no.:	
						Occupation:	
<b>DEPENDENT INFORMATION</b>							
Name of Dependent:			Relationship to Employee:		Home phone no.:	Work phone no.:	
Name of Dependent:			Relationship to Employee:		Home phone no.:	Work phone no.:	
Name of Dependent:			Relationship to Employee:		Home phone no.:	Work phone no.:	
Name of Dependent:			Relationship to Employee:		Home phone no.:	Work phone no.:	
<b>EMPLOYER INFORMATION</b>							
Employer:		Employer address:				Employer phone no.:	
<b>ELECTION OR WAIVER</b>							
<p>The above noted employee, _____, hereby <input type="checkbox"/> Elects Coverage on the WellMEC™+ Plan (employer and employee paid health plan) / <input type="checkbox"/> Waives Coverage under the WellMEC™+ Plan. Election of coverage means that health benefits will be provided by this plan under its terms and conditions. Waiver of coverage means that the employee and any dependents will not be enrolled in the plan, will not receive benefits from the plan, and will not be subject to the plan's terms and conditions for at least until the next Open Enrollment period. Note that if you experience a qualifying event, such as marriage, divorce, a new child, or loss of other health coverage, you may be entitled to a special enrollment period. Please see the Summary Plan Description for more details on qualifying events, and contact your employer if a qualifying event has occurred.</p> <p>The above information is true to the best of my knowledge. I understand that my responses to this form can affect my rights, access to healthcare plans, and qualification for premium tax credits offered by my employer or my local State Exchange.</p>							
_____ Employee Signature				_____ Date			
_____ Employer Representative Signature				_____ Date			
_____ Employer Representative Name							