



Employee must print, complete and return to Human Resources: (206)281-2809 or 330 W. Nickerson before waiver may take effect.

Insurance Benefits Waiver

If you are declining SPU insurance coverage, or dropping a dependent from your current coverage, you must complete the following information in order to be eligible for Special Enrollment at a later time:

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| <p>I have been notified and provided sufficient information about the Seattle Pacific University insurance benefits for which I am currently eligible. At this time I am declining to enroll myself in (check all that apply):</p> <p><input type="checkbox"/> Medical insurance</p> <p><input type="checkbox"/> Dental insurance</p> | <p>(Check one or more of the following as applicable)</p> <p>Employee</p> <p><input type="checkbox"/> I currently have medical / dental insurance (circle type) through COBRA</p> <p><input type="checkbox"/> I currently have medical / dental (circle type) insurance under an individual / spouse's (circle type) plan</p> <p><input type="checkbox"/> I do not have insurance coverage</p> <p>Dependents</p> <p><input type="checkbox"/> My dependent(s) have medical / dental insurance (circle type). Provide dependent(s) names: _____</p> <p><input type="checkbox"/> My dependent(s) do not have other insurance</p> <p><input type="checkbox"/> Other (please explain): _____</p> |
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As a condition of declining the insurance benefit(s) for which I am currently eligible, I understand that I cannot subsequently enroll myself or my dependent(s) in the University's medical or dental insurance benefit(s) unless at least one of the following situations apply:

1. You and/or your dependent(s) are eligible for Special Enrollment described in paragraphs "a" or "b:"
 - a. If you or your dependents lose eligibility for other coverage (or if the employer stops contributing towards your or your dependents' other coverage). Enrollment must be requested within 30 days after coverage ends (or after the employer stops contributing toward the other coverage).
 - b. You have a new dependent as a result of marriage, birth, adoption, or placement for adoption, and wish to enroll yourself and/or your dependents. Enrollment must be requested within 30 days after the marriage, birth, adoption, or placement for adoption OR
2. You enroll during open enrollment as designated by the University AND at least two years have passed since the date you waived the insurance, OR
3. You waived benefits when initially eligible because your position was part-time (.50 - .79 FTE for staff, .50 - .74 FTE for faculty) but recently experienced an increase in FTE (expected to continue for three months or longer) and are now eligible for full-time medical/dental benefit coverage.

If you are planning to retire within the next three years, please consult with Human Resources before you sign this waiver.

If you have questions or would like to obtain more information, contact Carrie McCrimmon, Assistant Director for Benefits at x2676 or by email at mccric@spu.edu.

Employee Signature

Date

Employee Name printed

Employee ID#

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