



Refusal of Coverage Form

(for use with PairedChoice and PacAdvantage Pool Plans)

Complete this form only if you do not want coverage for yourself or your eligible dependents. **Note:** you cannot refuse optional benefits coverage (dental, etc.) if you are enrolling in medical coverage.

PERSONAL INFORMATION

Name of Company	Group Number	Employer Phone #
Employee Name		Employee Date of Birth
Employee Address		

I have been offered coverage by my employer, but at this time I wish to REFUSE coverage as follows:

<p>1) Medical for:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Myself and all dependents <input type="checkbox"/> Spouse <input type="checkbox"/> Domestic Partner <input type="checkbox"/> Child(ren) 	<p>2) Reason for refusing medical coverage:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Covered by another employer's health plan (e.g. through your spouse) Carrier Name: _____ Group # _____ <input type="checkbox"/> Covered by an Individual Health Plan Carrier Name: _____ Group # _____ <input type="checkbox"/> Medicare <input type="checkbox"/> Medi-Cal <input type="checkbox"/> Covered by CHAMPUS <input type="checkbox"/> No other employer health coverage
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I understand that a) by failing to elect coverage now, I may have to wait until my group's next Annual Open Enrollment, which could be as long as 12 months, b) if I lose other employer- or group-sponsored coverage, I must enroll in PacAdvantage within 30 days or wait until my group's next Annual Open Enrollment, and c) PacAdvantage reserves the right to request proof of other group-sponsored, Medicare, Medi-Cal, or CHAMPUS coverage.

Employee Signature	Date
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For more information regarding Refusal of Coverage, Waiving Coverage, and Declining Coverage, employers and employees should consult the PacAdvantage Employer Handbook or the Employee Summary of Rules and Procedures.

<p>For PacAdvantage internal use only:</p> <p>This refusal of coverage represents a: <input type="checkbox"/> Waive <input type="checkbox"/> Decline <input type="checkbox"/> Other _____</p> <p>Processor initials: _____</p>
