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# Anthem Blue Cross and Blue Shield Request for Waiver of Coverage

## Group and Employee Information

Employer Name \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Employee Name \_\_\_\_\_ SSN# \_\_\_\_\_

Spouse (If applicable) \_\_\_\_\_ SSN# \_\_\_\_\_

Domestic Partner (If applicable) \_\_\_\_\_ SSN# \_\_\_\_\_

Dependent Child(ren) \_\_\_\_\_ SSN# \_\_\_\_\_

## Request for Waiver of Coverage

I decline to enroll in the health plan offered by my employer for the following reason:

- Existence of other coverage
- Coverage not desired

I decline coverage for:

- Myself
- Myself and all my eligible dependents
- My spouse
- My spouse and eligible child(ren)
- My domestic partner (if applicable)
- My domestic partner and his/her eligible dependents (if applicable)

**Notice of enrollment rights:** If you are declining enrollment for yourself or your dependents (including your spouse) because of other health insurance coverage, you may in the future be able to enroll yourself or your dependents in the Anthem plan, provided that you request enrollment within 30 days after your coverage ends. In addition, if you have a new dependent as a result of marriage, birth, adoption, or placement for adoption, you may be able to enroll yourself and your dependents in the Anthem Plan within 30 days after the marriage, birth, adoption, or placement for adoption. If you fail to timely enroll, you may be treated as a late entrant.

I the undersigned have been offered and declined coverage under the Anthem benefit plan as indicated above.

Signature \_\_\_\_\_ Date \_\_\_\_\_