

I acknowledge that I have been offered the opportunity to purchase health coverage from MEDISCAN STAFFING SERVICES for myself and my dependents.

I decline enrollment at this time because I have other medical coverage provided by:

_____ Policy# _____

I do not wish to enroll myself in any type of medical coverage at this time.

I do not wish to enroll my: Spouse Child(ren) in any type of medical coverage at this time.

NOTE: If you are declining enrollment for yourself or dependents (including your spouse) because you have other health care coverage, please note that you will not be eligible to join the MEDISCAN group plan again until our next open enrollment period (barring certain exceptions). The main exception to this rule is if you currently have other GROUP health insurance through an employer or a spouse's employer, and lose that coverage involuntarily, for example, due to loss of employment, divorce or running out of COBRA. If such a circumstance arises, we must receive your enrollment application within 30 days after your other coverage ends. Additionally, if you have new dependents as a result of marriage, birth, adoption, or placement for adoption, you may be able to enroll yourself and dependents, provided we receive your completed enrollment application within 30 days after the marriage, birth, adoption, or placement for adoption. Barring any of the above circumstances, please understand that if you decline the group coverage being offered to you now, this decision will remain in place until the next open enrollment period. Please also note that under the Affordable Care Act, individuals who do not have health insurance will pay significant penalties when they file their income taxes.

Print Employee Name

Employee Signature

Date