Declining Enrollment Notice
Under HIPAA (Health Insurance Portability and Accountability Act 1996)

Employee Name	SSN	_ Date
When you decline enrollment for yourself, your spouse, and/or your dependents and state in writing that you and/or your dependents have other coverage under another group health plan or health insurance coverage as the reason for declining to enroll, then special rules may apply to you and/or your spouse and/or your dependents in the event you and/or your dependents have lost this other coverage due to the loss of eligibility. Loss of eligibility does not include a loss due to failure of the individual or the participant to pay premiums on a timely basis or termination of coverage for cause (such as making a fraudulent claim or an intentional misrepresentation of a material fact in connection with the plan).		
If you decline enrollment for yourself and/or dependents because you have COBRA continuation coverage under another plan, you will not be eligible for a Special Enrollment until COBRA continuation coverage has been exhausted or terminated as a result of loss of eligibility.		
Loss of Eligibility includes a loss of coverage as a result of legal separation, divorce, death, termination of employment, reduction in the number of hours of employment, and any loss of eligibility after a period that is measured by reference to any of the foregoing.		
Under these rules, a group health plan is required to provide a special enrollment period for yourself and/or your dependents should they request enrollment within <b>30 days</b> after the loss of other coverage has occurred.		
Circle all that apply		
I am Declining Enrollment for myself spouse other dependents (please list by name)		
As a result of other coverage under spouse's ground other: (please explain)	up plan COBRA coverage	other insurance plan
Important - Please complete the following		
Policyholder's Name (or) I Insurance Company Name Address	D Number	
Telephone Number ex		
Signature	_ Date	