



**WAIVER OF DEPENDENT COVERAGE**

WAIVER – I DO NOT WANT:

- COVERAGE FOR MY DEPENDENT: \_\_\_\_\_ (Name)
- ANY DEPENDENT COVERAGE

Reason for waiving coverage: \_\_\_\_\_  
\_\_\_\_\_

**NOTICE:** I hereby certify that (i) my dependent(s) have been given the opportunity to participate in the Group Insurance plan provided through my employer and I was not induced or pressured by the small employer, agent, or health carrier, into declining coverage for my dependent(s), but elected on my own accord to decline such coverage; (ii) the benefits of this plan have been thoroughly explained to me; (iii) my dependent(s) declined to participate; and (iv) if my dependent(s) apply for insurance at a later date, they may be considered late enrollees and, as such, coverage for a Preexisting Illness may be delayed up to a maximum of 18 months. (In Texas, late enrollees may apply through open enrollment and be subject to a twelve (12) month maximum Preexisting Illness exclusion.)

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 this plan without being considered a late enrollee, provided that you request enrollment within 31 days after losing your other coverage. 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 (without being considered late enrollees) provided that you request enrollment within 31 days after the marriage, birth, adoption, or placement for adoption.

If the Employee has a new Dependent as a result of marriage, birth, adoption, or placement for adoption, the Employee may be able to enroll the new Dependent as well as any other Dependent who has not previously enrolled, provided a written request from the Employee is received in CRL's Home Office within 31 days after the eligibility date of the new Dependent.

\_\_\_\_\_  
Signature of Employee

\_\_\_\_\_  
Date