

Waiver of group coverage - Illinois



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QuartzBenefits.com

Group name:	Group number:
Employee name:	Employee Social Security number:

You may decline health coverage offered by your employer. This is called a waiver of coverage. If you waive coverage for yourself, you may not cover dependents under the Employer's health plan.

I certify that I have been given the opportunity to apply for the Quartz group health benefit plan coverage for which I am eligible. I decline to enroll for such coverage. I understand that I may be able to obtain coverage at a later time for reasons listed in the Notice of Special Enrollment Rights. If circumstances in the Notice of Special Enrollment Rights do not apply, then I and/or the persons listed above may be able to apply for coverage at Open Enrollment. I certify that the information is, to the best of my knowledge and ability, complete and true.

I am waiving coverage for:

- Myself Spouse or partner in civil union Children or other eligible dependents

I am waiving group health insurance because:

- I/we will be covered under another health benefit plan that is not sponsored by my employer.

Name of insurance co.: _____

- Other reason for waiving: _____

Name of employee (please print)

Employee's signature

Date