



I understand the following:

If I decline coverage for myself or my dependents (including my spouse) because of other insurance coverage, I may, in the future, be able to enroll myself or my dependents (if I am already enrolled) in this plan within 30 days after the other coverage ends.

If I have a new dependent as a result of marriage, birth, adoption, placement for adoption or placement of foster care, I may be able to enroll myself and my dependents. To do this, I will need to request enrollment within 30 days after the event.

If I do not request enrollment within 30 days for the above events, I will not be eligible for enrollment for such coverage until whichever of the following dates occur first:

- The date I enroll for such coverage during an Annual Open Enrollment Period or
- 12 months following the date I first request such coverage. I understand that I may enroll myself and my children outside of an annual open enrollment period if I am ordered by a court to enroll my children.

If I do not list a dependent on this form that has other coverage, I can't enroll this dependent until whichever of the following dates occur first:

- The date I enroll for such coverage during an Annual Open Enrollment Period or
- 12 months following the date I first request such coverage

Complete this form ONLY if you are not enrolling yourself or your spouse/partner or dependents. Waiver must be completed for future special enrollment on this plan.

Use black ink only.

Employee/Dependent Waiver		
Employee Name:	Employer Name:	
Social Security #:	Date of Employment: / /	Hours worked per week:
<p>I hereby certify as follows on behalf of myself and each of my dependents:</p> <ol style="list-style-type: none"> 1. I have been informed of the availability of coverage under a Rocky Mountain HMO or Rocky Mountain HealthCare Options, Inc., health benefit plan(s) as offered by my employer; 2. I have been given an opportunity to enroll in such plan(s). 3. After careful consideration, I have declined to enroll in such plan(s) and decided to waive my opportunity to enroll in such plan(s). I have declined to enroll in such plan(s) for the following coverages (must check appropriate box AND list names in the chart). <p> <input type="checkbox"/> Single coverage for myself. <input type="checkbox"/> Coverage for my spouse/partner. <input type="checkbox"/> Coverage for my dependent children. </p> <p style="text-align: center;">I understand I cannot waive coverage for myself and enroll my dependents.</p>		
Last Name	First Name	
Spouse/Partner:		
Dependent:		
Dependent:		
Dependent:		
<p>4. The reason I have chosen to decline such coverage for myself or my dependents is:</p> <ul style="list-style-type: none"> <input type="checkbox"/> I am covered under my spouse's/partner's group policy. <input type="checkbox"/> My spouse/partner is covered under another plan. (Including this plan if spouse is also an employee) <input type="checkbox"/> My dependents are covered under another plan. <input type="checkbox"/> I cannot afford coverage. <input type="checkbox"/> I wish to continue other coverage obtained through an Individual Plan or Medicare. <input type="checkbox"/> I wish to obtain individual coverage through the Marketplace. 		
Employee Signature:		Date:

To request special enrollment or obtain more information, please call Customer Service at 970-243-7050 or 800-346-4643.

It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.