



I understand that 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 as required by applicable law, provided I request enrollment within 30 days after other coverage ends. I also understand that if I have a new dependent as a result of marriage, birth, adoption, or placement for adoption, I may be able to enroll myself and my dependents provided that I request enrollment within 30 days after the marriage, birth, adoption, or placement for adoption. I understand that 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 (1) the date I enroll for such coverage during an Annual Open Enrollment Period; or (2) the date 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. I also understand that if I do not list a dependent on this form who has other coverage, I can't enroll this dependent until whichever of the following dates occur first (1) the date I enroll for such coverage during an Annual Open Enrollment Period; or (2) the date 12 months following the date I first request such coverage. I also understand that, upon enrollment, I and/or my dependent(s) who are age 19 or older may be subject to a pre-existing condition limitation period. To request special enrollment or obtain more information, please call Customer Service at 970-243-7050 or 800-346-4643.

Complete this form ONLY if you are not enrolling yourself or your spouse 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	/	/
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Hours worked per week

I hereby certify as follows on behalf of myself and each of my dependents:

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**).
 Single coverage for myself. Coverage for my spouse. Coverage for my dependent children.

I understand I cannot waive coverage for myself and enroll my dependents.

Last Name	First Name
Spouse	
Dependent	
Dependent	
Dependent	

4. The reason I have chosen to decline such coverage for myself or my dependents is:
 - I am covered under my spouse's group policy.
 - My spouse is covered under another plan. (Including this plan if spouse is also an employee)
 - My dependents are covered under another plan.
 - I cannot afford coverage.
 - I wish to continue other coverage obtained through an Individual Plan or Medicare. (**Copy of ID card is required.**)

Employee Signature _____ Date _____

Plans underwritten by Rocky Mountain HMO (RMHMO)	Plans underwritten by Rocky Mountain HealthCare Options (RMHCO)
Good Health Savings HSA HMO Rocky Mountain Good Health HMO Rocky Mountain VISTA HMO RMHMO HMO Standard Health Benefit Plan for Colorado RMHMO HMO Basic Limited Mandate Health Benefit Plan for Colorado	Good Health Savings HSA PPO Rocky Mountain Good Health PPO Rocky Mountain VISTA PPO RMHCO PPO Standard Health Benefit Plan for Colorado RMHCO PPO Basic Limited Mandate Health Benefit Plan for Colorado

Colorado law requires carriers to make available a Colorado Health Benefit Plan Description Form, which is intended to facilitate comparison of health plans. The form must be provided automatically within three (3) business days to a potential policyholder who has expressed interest in a particular plan or who has selected the plan as a finalist from which the ultimate selection will be made. The carrier also must provide the form, upon oral or written request, within three (3) business days to any person who is interested in coverage under or who is covered by a health benefit plan of the carrier.

An access plan is available for each managed care network offered by Rocky Mountain Health Plans to any interested party upon request. Such access plans contain information on providers, hospitals, referral and grievance procedures, quality assurance, access for members with special needs, emergency coverage provisions, and other information on how to access services.

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.

COLORADO INSURANCE LAW REQUIRES ALL CARRIERS IN THE SMALL GROUP MARKET TO ISSUE ANY HEALTH BENEFIT PLAN IT MARKETS IN COLORADO TO SMALL EMPLOYERS OF 2-50 EMPLOYEES, INCLUDING A BASIC OR STANDARD HEALTH BENEFIT PLAN, UPON THE REQUEST OF A SMALL EMPLOYER TO THE ENTIRE SMALL GROUP, REGARDLESS OF THE HEALTH STATUS OF ANY OF THE INDIVIDUALS IN THE GROUP. BUSINESS GROUPS OF ONE CANNOT BE REJECTED UNDER A BASIC OR STANDARD HEALTH BENEFIT PLAN DURING OPEN ENROLLMENT PERIODS AS SPECIFIED BY LAW.

The pre-existing condition limitation period does not apply to the RMHMO HMO Basic Limited Mandate Health Benefit Plan for Colorado and the RMHMO HMO Standard Health Benefit Plan for Colorado. It also does not apply to pregnancy, a newborn, a newly adopted child, a child placed for adoption, nor to a child who is under 19 years of age.

RMHP will impose a six-month pre-existing condition limitation period (12-month limitation period for Business Groups of One) for all new enrollees (not including late enrollees) who have a physical or mental condition for which medical advice, diagnosis, care, supplies, prescription drugs, or treatment was recommended or received within six months immediately preceding the date of their enrollment in an RMHP plan or the first day of any employer-imposed waiting period, whichever is earlier. This means that if you have a medical condition before enrolling in our plan, you might have to wait a certain period of time before the plan will provide coverage for that condition. The pre-existing condition limitation period will be reduced by the period of time that a new enrollee was covered by creditable coverage, provided the creditable coverage did not terminate more than 90 days before the earlier of the first day of the waiting period or the effective date of coverage under an RMHP plan. Such health coverage policies or plans that count as "creditable coverage" can reduce the length of any pre-existing condition limitation periods that might otherwise apply by the number of days of your prior creditable coverage. Most prior health coverage is creditable coverage and can be used to reduce the preexisting condition exclusion limitation if you have not had a break in coverage of at least 90 days.

RMHP will impose an 18-month pre-existing condition limitation period for all late enrollees who have a physical or mental condition for which medical advice, diagnosis, care, supplies, prescription drugs, or treatment was recommended or received within six months immediately preceding the date of their enrollment in an RMHP plan. This 18-month period shall also include a 12-month period of exclusion from coverage that is applicable to late enrollees. The pre-existing condition limitation period for late enrollees will be reduced by the period of time that the late enrollee was covered by creditable coverage, provided the creditable coverage did not terminate more than 90 days before the date of their enrollment under an RMHP plan.

For small employer groups, see the enclosed Disclosure Notice for Small Employer Groups, which is incorporated into this document by reference.