KAISER PERMANENTE®

Small Group

Special enrollment notice
For employees declining health care coverage

(Please post prominently and share with all employees.)

Typically, you and any of your eligible dependents may sign up for health care coverage when you first become eligible for benefits, or during your group's annual open enrollment period. The annual open enrollment period is usually the month prior to the anniversary date of the group contract. However, under certain specified circumstances, you may be able to sign up for coverage at other times as described below—as long as it's no more than 60 days from the qualifying event. Supporting documentation may be required.

Family dependents will not be enrolled unless you are enrolled.

Qualifying events

When any of the following occur, you and any of your eligible dependents may sign up for health care coverage outside of the open enrollment period:

- Lost employer-sponsored health plan coverage, or other minimum essential coverage, unless the loss is based on voluntary termination, termination of an employer-sponsored health plan, misrepresentation of a material fact affecting coverage, or fraud related to coverage.
- Lost eligibility for Medicaid or another public program that's providing health benefits.
- Lost health coverage as a result of the dissolution of a marriage or domestic partnership.
- Coverage needed for dependent due to birth, adoption, or placement for adoption.
- Loss of coverage purchased on the health benefits exchange due to an error on the part of the exchange, the issuer, or the Department of Health and Human Services.
- Permanent move or change in jobs, when the previous health plan doesn't provide coverage in the new location.
- Health plan no longer available to a subset of members that includes you.
- Coverage change is requested by the Department of Health and Human Services.
- Marriage or entering into a domestic partnership.

Court ordered dependents

You and/or your court ordered dependents may sign up for health coverage outside of the open enrollment period, or when you first become eligible if the request for coverage is made no more than 60 days from the court order.

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2018 waiver of health coverage

I acknowledge that I have been offered the opportunity to purchase health coverage from Kaiser Foundation Health Plan of Washington or Kaiser Foundation Health Plan of Washington Options, Inc. for myself and my dependents through my employer.

I decline enrollment at this time because:

☐ I have other medical coverage provided by:

Insurance company name: _____ Policy no.: _____

Through (employer or organization name): _____

☐ I do not wish to enroll myself in any type of medical coverage at this time.

☐ I do not wish to enroll my ☐ spouse ☐ child(ren) in any type of medical coverage at this time.

If you are declining enrollment for yourself or dependents (including your spouse) you may enroll yourself or your dependents in this plan prior to the next open enrollment period under certain circumstances. To do this, we must receive your enrollment application no more than 60 days from the qualifying event.

Printed name: _____

Signature: _____ Date: _____

Name of employer: _____