District Council 37 Health & Benefit Fund

P O Box 816, New York, NY 10108
Tel: (212) 334-0096 Fax: (212) 274-0104

ENROLLMENT WAIVER

I, the undersigned, hereby certify that I have been afforded an opportunity to enroll in the Group Health Benefits offered by DC 37 Health & Benefit Fund (the "Plan"). After careful consideration, I have decided to not enroll in the Plan, thereby waiving my right to such coverage.

I understand that I will not be able to enroll in the Plan at a later date unless I enroll during Open Enrollment, or I experience either (1) a Special Enrollment Event or (2) a Permitted Election Change Event (if adopted under the terms of the Plan), if I provide the Plan's benefit office notice of an event within 60 days of occurrence. I certify that I have read and understand the attached Special Enrollment Events and Permitted Election Change Events that allow me to enroll in the Plan outside of Open Enrollment. Further, I understand that to prove I experienced such an event I must provide supporting documents as outlined in the Summary Plan Description ("SPD").

Note: Special Enrollment Events and Permitted Election Change Events that allow you to enroll, cancel, or otherwise change your coverage are described at length in the SPD, but the event's that permit you and your dependents to enroll in the Plan outside of Open Enrollment are summarized in the attached form. Please refer to your SPD for important deadlines and procedures to request enrollment, cancellation, or changes to your coverage.

I decline enrollment in the DC 37 Health & Benefit Fund because:

☐ Covered under another health plan; ☐ Other (_____).
Please mark the appropriate reason for waiving coverage. If "Other", please explain.

_____ _____ _____
Participant Signature Relationship Date

_____ _____
Print Name Telephone Number

_____
Home Address

To be completed by Human Resources Department

Agency Name _____

Above is certified by

Print Name _____ Title _____

Signature _____ Date _____

Please keep copy and mail original form to:

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SPECIAL ENROLLMENT EVENTS

Loss of Eligibility for Other Coverage
If you declined enrollment for you or your dependents (including your spouse) in the Plan, and you sign this enrollment waiver form, you may be able to enroll your dependents and you in the Plan if you or your dependents subsequently lose eligibility for that other coverage (or if the employer stops contributing toward your or your dependents' other coverage).

Marriage, Birth, Adoption or Placement for Adoption
You, your spouse and your new dependents may be permitted to special enroll because of marriage, birth, adoption, or placement for adoption.

Eligibility or Loss of State Assistance
A special enrollment right also arises for you and your dependents who lose coverage under a State Children's Health Insurance Program (CHIP) or Medicaid, or who are eligible to receive premium assistance under those programs.

PERMITTED ELECTION CHANGE EVENTS

Change in Status

Qualifying changes in status include events that change your legal marital status or the number of your dependents. Qualifying changes in status also include the following events that cause you, your spouse, or your dependent to become (or cease to be) eligible under the Plan: changes in employment status; a change in place of residence; and your dependent attaining a certain age or any similar circumstance.

Significant Cost or Coverage Changes

A change in cost means a significant increase or decrease in your cost for an option offered under the Plan that occurs during the year. A change in coverage means the addition of a new benefit option, the elimination of an existing benefit option, or a significant change in an existing benefit under the Plan, or the plan in which your dependents (including your spouse) are enrolled.

Judgment, Decree, or Order

If a court has ordered you to cover a spouse or minor children, you must add the spouse and minor children as directed in the court order.

Loss of Entitlement to Medicare or Medicaid

If you, your spouse, or your dependent who has been entitled to coverage under Medicare or Medicaid loses eligibility for such coverage, you may be permitted to enroll or increase coverage for the same individual under the Plan.

SUPPORTING DOCUMENTS MUST BE PROVIDED TO PROVE THESE EVENTS OCCURRED

You must notify the Plan's benefit office if one of the events occur to you within 60 days of it happening in order to be eligible for re-enrollment.