PacifiCare®

IP WAIV

Individual Plan Waiver of Coverage Form

For self-employed Business Groups of One who elect Individual Plan Coverage

FOR PACIFICARE USE ONLY

EFFECTIVE DATE

Section One – Applicant Information (please print)

Social Security Number | Last Name | First Name | Middle Initial

Section Two – Waiver of Benefits

I have been informed of an Individual Plan that provides benefits to me for medical coverage, and after considering it I wish to elect the following coverage for myself and/or my dependents:

- ☐ I wish to enroll myself in an individual plan and do not have any dependents.
- ☐ I wish to enroll my dependents and myself in an individual plan.
- ☐ I wish to enroll myself in an individual plan, and do **not** wish to enroll my dependents. I wish to **waive** coverage for my dependent(s) as they have other coverage in effect as follows (please print):

Dependent Name_____
Relationship to Subscriber (circle one): Spouse / Child / Other_____
Name of other Insurance Carrier_____
Policy #_____ Effective Date of Coverage _____

Dependent Name_____
Relationship to Subscriber (circle one): Spouse / Child / Other_____
Name of other Insurance Carrier_____
Policy #_____ Effective Date of Coverage _____

Dependent Name_____
Relationship to Subscriber (circle one): Spouse / Child / Other_____
Name of other Insurance Carrier_____
Policy #_____ Effective Date of Coverage _____

Please feel free to attach additional pages for more dependents. ALL waived dependent coverage must be disclosed. If you have declined enrollment for your dependents (including your spouse) because of other health insurance coverage, you may in the future be able to enroll your dependents in this plan, provided that you request enrollment within thirty (30) days of the after the other health insurance ends. In addition, if you have a new dependent as a result of marriage, birth, adoption, or placement for adoption, you may be able to enroll your dependents, provided that you request enrollment within thirty (30) days after the marriage, birth, adoption, or placement for adoption.

Section Three – Validation

_____ _____
Print Name Date

_____
Signature

Company Name Group Number

Company Address City State Zip