

## **GROUP DENTAL INSURANCE - WAIVER OF COVERAGE**

I acknowledge that Washington and Lee University has given me the opportunity to apply for group dental coverage with United Concordia Dental for myself and my dependents, if applicable. **I have read and understand my right to enroll and I hereby waive dental insurance coverage.** I understand that by declining coverage, I will only be able to enroll during the plan's open enrollment periods or if a Qualifying Life Event, as defined below, occurs. I am declining coverage now because:

\_\_\_\_\_ I am covered under another dental insurance policy  
\_\_\_\_\_ Cost  
\_\_\_\_\_ Other reason (explain): \_\_\_\_\_

\_\_\_\_\_  
**Print Name**

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Date**

\*\*\*\*\*

### **Qualifying Life Events**

Per IRS rules, employees enrolled in pre-tax benefit plans may only make elections or changes to their plans once per year and benefit elections, once made, are binding for the plan year. However, you may make changes to your election if you experience one or more of the following special circumstances, known as "Qualifying Life Events." These events (specified below) allow you to make plan changes during the year as long as you do so within 31 calendar days of the event; and the requested change must correspond to the event.

\_\_ Marriage  
\_\_ Birth, adoption or placement for adoption of an eligible child  
\_\_ Divorce, annulment or marriage or change in domestic partner status  
\_\_ Loss of spouse's job or change in work status which causes loss of coverage this his/her plan  
\_\_ A significant change in your or your spouse's health coverage that is attributable to your spouse's employment.  
\_\_ Death of spouse or dependent  
\_\_ Loss of dependent status  
\_\_ Becoming eligible for Medicare or Medicaid during the year  
\_\_ Receiving a Qualified Medical child Support Order (QMCSO)