

Employee Waiver Form

Group Name: _____

This form is required for all eligible employees who are not enrolling with McLaren Health Plan Community (MHP Community) at the time of initial enrollment and/or group's open enrollment period.*

I waive the right to enroll with MHP Community as offered to me by my employer for the following reason (Please check one):

- I have other coverage offered by my employer
- I have other coverage through my spouse or family member
- I have other coverage through Medicare or as a retiree from another employer
- I have individual coverage through another source that is not employer-sponsored or employer-paid
- I have no other coverage but choose not to enroll in my employer's plan

I understand that I will not be eligible for coverage through MHP Community until my employer's next open enrollment period unless I qualify for coverage due to a HIPAA qualifying event (such as marriage, birth of child, adoption, or loss of other coverage).

Employee name printed

Employee signature

Date

Group Administrator signature

Date

*Groups may elect to submit a list of employee waivers including reasons listed above in lieu of individual forms. The list may be attached to this form and must be signed by an authorized group representative.