Members HealthPlan NJ

Designed for You.

Please send forms to:
Concord Management Resources
P.O. Box 5487
Somerset, NJ 08875
Phone: 833-MEWANOW (833-639-2669)
Fax: 833-MEWAFAX (833-639-2329)
Email: mewaenrollment@concordmgt.com

HEALTH BENEFIT WAIVER OF COVERAGE

This benefit waiver is available to employees who are regularly scheduled to work a minimum of 24 hours or more every week. Upon renewal of the Group Health Plan, employees may elect to continue to waive out or enroll in the benefit program during the open enrollment period or at any time upon a qualifying event as defined in the Plan's Summary Plan Description Document.

WAIVER

I_____voluntarily agree to waive coverage under the health benefits offered by_____. I understand the above explanation of my rights to waive benefits or enroll in the benefit program offered.

I realize that I can enroll in the group health plan being offered at this time but have chosen not to participate. I also understand that hereafter I may apply for coverage only during the open enrollment period of the Group Health Plan or if a qualifying event occurs as defined in the Plan's Summary Plan Description Document.

Choose one of the below options that apply:

- ☐ I knowingly do not have any type of health (medical, vision & prescription drug) benefits and do not wish to participate in the Group Health Plan being offered.
- ☐ I am enrolled in a Group Health Plan sponsored by my spouse's employer
- ☐ I am enrolled in a Group Health Plan sponsored by another organization
- ☐ I am covered under Medicare
- ☐ Other reasons (please explain)_____

I certify that I am covered by the following health insurance plan:

Name of Policy Holder: _____

Name of Health Insurance Plan/Carrier: _____

Policy Number: _____

Company or Group Sponsor: _____

(Please attach a copy of Insurance Card if Information is not Provided Above)

_____

Employee Signature Date

_____

Employer Signature Date

Account #: _____

To be completed by Plan Administrator

Prepared By: Concord Management Resources
V.10.20