## Waiver of Group Health Benefits & Notice of Special Enrollment Rights Chippewa Valley Schools

Please complete the foll	owing:			
Employee Name:	(Last)	(First)	1)	MI)
Employee ID Number: _				
For the <b>2026</b> plan year effective <b>January 1, 2026</b> , I am waiving coverage for (please check):				
Myself	Spot	ıse		
Dependent (s) –	Please list na	mes		
I am waiving coverage due to:				
My preference not to have coverage				
Coverage under my spouse's plan – name of carrier:				
Other coverage – na This other cover	age is: I	COBRA ndividualCOBRA 1edicaidEmployer		lan
<b>Special Enrollment Notice and Certification</b> – <i>Please review and sign below if you wish to waive coverage</i>				
By signing below, I certify that I have been given an opportunity to apply for coverage for myself and my eligible dependents, if any. I am declining enrollment as indicated above. I understand that I am declining enrollment for myself or my eligible dependents (including my spouse) because of other health insurance or group health plan coverage, I may be able to enroll myself and my eligible dependents in this plan if I lose, or my eligible dependents lose, eligibility for that other coverage (or if the employer stops contributing towards my or my eligible dependents' other coverage).				
I understand that I must request enrollment no more than 30 days after the date the other health plan coverage ends (or after the employer stops contributing toward the other coverage). If I do not do so, I will not be able to enroll until my employer's next annual open enrollment period.				
In addition, I understand that if I have a newly eligible dependent as a result of marriage, birth, adoption, or placement for adoption, I may be able to enroll myself and my eligible dependent(s). However, I must request enrollment within 30 days after the marriage, birth, adoption, or placement for adoption.				
I understand that in orde Administrator.	er to request s	pecial enrollment or obtair	n more information, I	should contact my Group
Signature of Employee			Date of Si	gnature

**Print Name**