



Small Employer Waiver Form

TO BE COMPLETED IF ANY COVERAGE IS REFUSED BY AN ELIGIBLE EMPLOYEE

- I waive medical coverage for myself (*and dependents, if any*)
- I waive medical coverage for my spouse only
- I waive medical coverage for my children only

This is to acknowledge that the available coverages have been explained to me by my employer. I have been given the opportunity to apply for the available coverages and have elected not to enroll for myself (and dependents, if any).

Reason for declining coverage (*Check one*):

- Covered by spouse's coverage
Name of insurance company:

- Covered by Champus or Champva
- Other (*explain*): _____

Employee Name (*Please print.*)

Employee Signature

Date