

Waiver of Coverage Form



I hereby waive participation in the South Carolina Medical Association Voluntary Employees' Member's Association Welfare Benefit Plan and Trust ("MIT") health and/or dental coverage. I acknowledge that I have been offered the opportunity to participate in the MIT and that I have been provided sufficient information about the MIT to make an informed decision regarding my decision not to participate.

I have chosen to decline this offer and waive coverage for the following reason:

Health Insurance Coverage	Dental Insurance Coverage
<input type="checkbox"/> I have health coverage through my spouse. List Carrier Name: _____ <input type="checkbox"/> I have health coverage through the Exchange. <input type="checkbox"/> I have other group health coverage. List Carrier Name: _____ <input type="checkbox"/> I have other individual health coverage. List Carrier Name: _____ <input type="checkbox"/> I have Medicare. <input type="checkbox"/> I have Medicaid. <input type="checkbox"/> I have TriCare. <input type="checkbox"/> Other: _____ _____ _____	<input type="checkbox"/> I have other dental coverage. List Carrier Name: _____ <input type="checkbox"/> Spouse has other dental coverage. <input type="checkbox"/> Other: _____ _____ _____

If you are declining enrollment for yourself or your dependents (including your spouse) because of other health or dental insurance or group health plan coverage, you may be able to enroll yourself and your dependents in the MIT if you or your dependents lose eligibility for that other coverage (or if the employer stops contributing towards your or your dependents' other coverage). However, your request for enrollment must be in writing and received by the MIT within 30 days after your or your dependents' other coverage ends (or after the employer stops contributing toward the other coverage), subject to all applicable rules.

In addition, if you have a new dependent as a result of marriage, birth, adoption or placement for adoption, you may be able to enroll yourself and your dependents. However, your request for enrollment must be in writing and received by the MIT within 30 days after the marriage, birth, adoption or placement for adoption, subject to applicable rules.

The SCMA Members' Insurance Trust reserves the right to request proof of other coverage.

Print Employee Name	Practice Name
Employee Signature	Date