



## DECLINATION OF GROUP COVERAGE

I hereby acknowledge that I have been offered group coverage under my employer's ODS plan for myself and/or my dependents. However, I am declining coverage for:

(check one)

- Myself (employee only coverage)
- My eligible family members (spouse and/or dependent children)
- Myself and my eligible family members (employee and dependent coverage)

I decline ODS coverage for myself and/or my family members due to the following reason:

(check one)

- Group coverage through my spouse's employer
- Premium contribution
- Other (specify reason) \_\_\_\_\_

### Late Enrollee

I understand that if I do not enroll myself and/or my eligible dependents within 31 days of first becoming eligible, I may do so later as a "late enrollee". I understand that as a late enrollee, I am only eligible to enroll during my group's annual open enrollment period. Special Enrollment rights are explained below.

### Special Enrollment

I further understand that if I am declining enrollment for myself and/or my dependent(s) (including my spouse) because of other health coverage, I may in the future be able to enroll myself or my dependent(s) in this plan provided that I request enrollment within 31 days after my other coverage ends. In addition, if I have a new dependent as a result of marriage, birth, adoption, or placement for adoption, I may be able to enroll myself and my dependents, provided that I request enrollment within 31 days after the marriage, birth, adoption, or placement for adoption.

Coverage for either enrollment circumstances will begin at the group's first premium payment date following application.

---

Employee signature

Date

---

Employee name (print)

Employer Name (print)

Insurance products provided by ODS Health Plan, Inc. and Oregon Dental Service.  
[www.odskompanies.com](http://www.odskompanies.com)