

## RETIREE WAIVER OF HEALTH INSURANCE BENEFITS

NAME: \_\_\_\_\_

SOCIAL SECURITY NUMBER \_\_\_\_\_

This waiver is to be completed by a retiree and/or eligible spouse and dependents who **do not wish to continue** health care coverage through the University of Dayton's Group Insurance Program, or by a retiree and/or eligible spouse and dependents who are currently enrolled but wish to **cancel** their coverage.

AVAILABLE HEALTH CARE COVERAGE: \*

Anthem Core Plan  
Anthem Advantage Plan  
Anthem Traditional Medicare Supplement

The above listed health care plans offered by the University of Dayton have been explained to me. After serious consideration, I have decided not to take advantage of this coverage.

I understand that after waiving this coverage in retirement, I will not be able to enroll in the health care coverage unless a "qualifying event" has occurred. I understand that I have 30 days from the occurrence of the event to enroll in the plan. Qualifying events included marriage, divorce, death of a spouse or dependent child, birth or adoption of a child, legal guardianship of a dependent child or a change in my spouse's employment status which affects eligibility for health care coverage.

I understand that I may be subject to evidence of insurability and pre-existing condition clauses at the time of re-enrollment.

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

\*Proof of insurability may be required for enrollment/re-enrollment into these plans