

# Waiver of Coverage

## WAIVER OF EMPLOYEE AND/OR DEPENDENT COVERAGE

\_\_\_\_\_  
Name of Employee

maconit, Inc.  
\_\_\_\_\_  
Name of Employer

My employer has given me an opportunity to apply for group coverage with the plan for my dependents and myself (if applicable). I have declined to apply for coverage as indicated below.

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

## REASON FOR DECLINING COVERAGE

- Covered under another insurance policy

\_\_\_\_\_  
Name of Insurance Company

\_\_\_\_\_  
Policy Holder's Name

- Other: \_\_\_\_\_

I understand that if I decide to apply for coverage for myself and/or my dependents at a later date, neither I nor my dependents will be eligible to for coverage until my employer's next annual enrollment period.

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date