
GROUP INSURANCE REFUSAL

I UNDERSTAND THE PLAN OF GROUP INSURANCE OFFERED TO ME, BUT I DECLINE TO PARTICIPATE AS FOLLOWS:

- IN ANY PART OF THE PLAN
- IN THE SUPPLEMENTARY INSURANCE OFFERED UNDER THE PLAN
- IN THE HEALTH INSURANCE FOR:
 - MYSELF MY DEPENDENTS
- IN THE LIFE INSURANCE BENEFIT FOR:
 - MYSELF MY DEPENDENTS
- IN THE WEEKLY INCOME BENEFIT
- IN THE DENTAL PLAN

THE REASON FOR THIS REFUSAL IS AS FOLLOWS:

- COVERAGE IN FORCE WITH CHAMPUS (RETIRED MILITARY)
- COVERAGE UNDER SPOUSE'S GROUP PLAN WITH

Name of Insurer or Employer

- OTHER (SPECIFY)

If you are declining enrollment for yourself or your dependents (including your spouse) because of other health insurance coverage, you may in the future be able to enroll yourself or your dependents in this plan, provided that you request enrollment within 30 days after your other coverage ends. 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, provided that you request enrollment within 30 days after the marriage, birth, adoption or placement for adoption.

EMPLOYEE'S SIGNATURE

DATE