



# Health Plan Waiver

Employee ID or SSN	Last Name	First Name	M.I.	Date of Birth
Daytime Phone Number	Email			

I hereby waive the right to all medical benefits provided under the Vanderbilt Group Health Plan for Faculty and Staff based upon the certification that I am covered either:

- 1) under another health plan or
- 2) under the Vanderbilt Group Health Plan as a dependent of another Vanderbilt employee

I understand that while Vanderbilt does not require new faculty and staff to provide documentation to waive health plan coverage, Vanderbilt reserves the right to request satisfactory documentation, as determined by Vanderbilt, to establish my eligibility to waive coverage.

### Effective Date of Waiver

Submitting this completed form within 30 days of a qualifying event (your hire date or family status change) will waive Vanderbilt Group Health Plan coverage effective as of the date of the event.

Submitting this completed form during the annual Open Enrollment period will waive Vanderbilt Group Health Plan coverage on the first day of the following calendar year.

### If Alternative Coverage Terminates

If I waive coverage for myself or my dependents (including my spouse) because of other health insurance coverage, I may in the future be able to enroll myself and my dependents in the Vanderbilt Group Health Plan. If my alternative health plan coverage ends during the plan year, I am obligated to notify Vanderbilt in writing, by completing a Notification of Family Status Change Form, and to enroll in the Vanderbilt Health Plan for Faculty and Staff. I will attach supporting documentation to that form and submit both to the Office of Benefits Administration within 30 days of the qualifying event that triggered the need for the change in coverage. (See "Qualifying Event" definition in the Health Plan Summary Plan Description.) I understand that Vanderbilt may be required to backdate the effective date of my enrollment in the health plan and that I will be required to pay Vanderbilt an amount equal to the total health plan premiums I would have paid from that effective date. By submitting that Family Status Change Form, I give Vanderbilt permission to recoup, by payroll deduction or any other method as determined by Vanderbilt, any amount due.

If I fail to notify Vanderbilt in writing that my alternative coverage ended within the 30-day time period, enrollment in the Vanderbilt Health Plan can take place only during the Vanderbilt Open Enrollment period and then coverage would be effective on the first day of the following calendar year.

### For Employees Hired On or Before December 31, 2004

I understand that if I waive coverage under the Vanderbilt Group Health Plan I will not be eligible for participation in the Flexible Reimbursement Account.

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

*This Health Plan Waiver must be submitted with an additional form — either the 'Benefits Enrollment Form,' 'Notification of Family Status Change Form,' or during 'Open Enrollment' whichever is appropriate.*