ELECTION TO WAIVE COVERAGE UNDER
THE CATHOLIC DIOCESE OF CLEVELAND
PROGRAM OF HEALTH CARE BENEFITS

Name: ***(print clearly)*** _____

Address: _____

City, State, Zip Code: _____

Social Security #: _____

Date of Birth:		Email:	
Employer:		Client Number:	
Date of Hire:		Benefit Eligibility Date:	
Job Title:		Avg Hrs Per Week:	

I hereby certify as a current employee of the employer noted on the line above, I have been given the opportunity to participate in the Catholic Diocese of Cleveland Program of Health Care Benefits (the "Plan"), and that I hereby elect to waive such coverage for myself and my dependent(s), if any.

- Reason for waiving coverage: _____

- If you are waiving coverage because you and your spouse are covered under a plan of another employer, please indicate:

  Other Employer: _____

  Carrier of Group Plan: _____

  Effective Date: _____ Single ( ) Family ( )

- If you are waiving coverage because of present coverage elsewhere, please indicate:

  Name of Insurance Carrier: _____

  Effective Date: _____ Single ( ) Family ( )

I understand that as long as this waiver remains in effect, neither I nor my dependent(s), if any, will be entitled to any benefits under the Plan.

I further understand that I may revoke this waiver of coverage after its effective date and again become eligible to participate in the Plan by one of the following methods:

- By making a proper election for benefits during any of the Plan's future open enrollment periods; or
- By contacting the Employee Benefits Office of the Catholic Diocese of Cleveland with satisfactory evidence within 31 days of the involuntary termination of my other health benefit coverage (such as my coverage under my spouse's employer's plan being terminated as a result of my spouse's termination of employment) or within 31 days of some other special enrollment event.

_____ _____
Date Signature of Employee

_____ _____
Date Signature of Witnessing Employer

Catholic Diocese of Cleveland Employee Benefits Office
1404 East 9th Street, 8th Floor, Cleveland, OH 44114-1722
216-621-3700 ▪ 800-869-6525 Ext. 5040 ▪ Fax: 216-621-9622