

**Orange Board of Education
637 Orange Center Road
Orange, CT 06477
203-891-8020**

Anthem Blue Cross and Blue Shield
Employer Name: Orange Board of Education
Address: 637 Orange Center Road, Orange, CT 06477

Employee Name: _____

Request for Coverage

- I elect to enroll in the health plan offered by my employer.

Request for Waiver of Coverage

I decline to enroll in the health plan offered by my employer for the following reason:

- Existence of other coverage
 Coverage not desired

I decline coverage for:

- Myself and all my eligible dependents

Notice of enrollment rights: 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 the Anthem plan, provided that you request enrollment within 30 days after your 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 in the Anthem Plan within 30 days after the marriage, birth, adoption, or placement for adoption. If you fail to enroll within the 30 days, you may be treated as a late entrant. I understand that participation will be based on policy guidelines at the time of application and generally means during the annual Open Enrollment in June.

I, the undersigned, have been offered and have declined coverage under the Anthem benefit plan as indicated above.

Signature _____ Date _____

PLEASE RETURN THIS FORM TO CONNIE D'AMICO IN CENTRAL OFFICE