



Group Health Coverage

Waiver of Coverage

If you are NOT enrolling in your Employer's group health plan, please complete this form and sign below.

Waiver:

I certify that I have been given the opportunity to participate in my Employer's group health care coverage, offered through New Mexico Health Connections.

I choose to not participate in my Employer's group health insurance plan for the following reason:

- I have other group medical insurance provided by:
Insurance Policyholder: _____
Relationship: _____
Insurance company: _____
Employer name: _____
- I have Medicare.
- I have Medicaid.
- I have an individual health policy.

I do not wish to enroll onto any medical coverage at this time.

I decline the opportunity to enroll in my employer's group health plan offered by New Mexico Health Connections. I understand that having health insurance coverage is a requirement by the federal government, and that I may have to pay a tax penalty if I do not have coverage.

Employee signature: _____

Employee name (print): _____

Employer name: _____

If you are declining coverage at this time, you may be able to enroll yourself and/or your dependents in the future. Special Enrollment provisions are available for those who lose coverage or have a qualifying event such as marriage, birth of a child, or adoption of a child, just to name a few. Enrollment must be requested within a designated time period of the qualifying event. Contact your Employer or NMHC for more information.