



WAIVER OF GROUP HEALTH INSURANCE BENEFITS

Group Name: _____

Employee's Name: _____

Social Security Number: *(optional)* _____

I have been given the opportunity to enroll myself and my legal dependents in my employer's group health benefit plan(s). I choose to decline enrolling in the insurance plan(s) offered by Blue Cross® and Blue Shield® of Vermont. My reason for declining coverage is indicated below:

Covered by spouse's plan:

Company: _____ Policy #: _____

Covered by other employer's plan:

Company: _____ Policy #: _____

Covered by other insurance:

Company: _____ Policy #: _____

Other *(explain)*: _____

I acknowledge that my employer has explained the coverage(s) available. I have been given the opportunity to enroll for coverage and have elected not to enroll as indicated above.

Employee Signature: _____ Date: _____

Employer Signature: _____ Date: _____

This form needs to be completed and signed only if coverage is being waived.



An Independent Licensee of the Blue Cross and Blue Shield Association.

Non-discrimination Disclaimer Notice

bluecrossvt.org



DISCLAIMERS

General Exclusions

While your health plan covers a broad array of necessary services and supplies, it doesn't cover every possible medical expense. If you would like to review the list of general exclusions before enrolling, visit **bluecrossvt.org/contracts**, click on the plan in which you are enrolling and read the chapter entitled "General Exclusions." Once you enroll, you will receive an Outline of Coverage and a link to your Certificate of Coverage. Please read both carefully as they govern your specific benefits.

How We Protect Your Privacy

The law requires us to maintain the privacy of your health information by using or disclosing it only with your authorization or as otherwise allowed by law. You may find information about our privacy practices at **bluecrossvt.org/privacypolicies**.

NOTICE: Discrimination is Against the Law

Blue Cross[®] and Blue Shield[®] of Vermont (Blue Cross VT) and its affiliate The Vermont Health Plan (TVHP) comply with applicable federal and state civil rights laws and do not discriminate, exclude people or treat them differently on the basis of race, color, national origin, age, disability, gender identity or sex, ethnicity, sexual orientation, or HIV-status.

Blue Cross VT provides free aids and services to people with disabilities to communicate effectively with us. We provide, for example, qualified sign language interpreters and written information in other formats (e.g., large print, audio or accessible electronic format).

Blue Cross VT provides free language services to people whose primary language is not English. We provide, for example, qualified interpreters and information written in other languages.

If you need these services, contact
civilrightscoordinator@bcbsvt.com.

If you believe that Blue Cross VT has failed to provide these services or discriminated in another way based on race, color, national origin, age, disability, gender identity or sex, ethnicity, sexual orientation, or HIV-Status, you can file a grievance with: Kienan D. Christianson, Civil Rights Coordinator, P.O. Box 186, Montpelier, VT 05601-0186, call (800) 247-2583 (TTY/TDD: 711), fax (802) 229-0511, or email **civilrightscoordinator@bcbsvt.com**. You can file a grievance in person, by mail, via fax, or by email. If you need help filing a grievance, Kienan D. Christianson, Civil Rights Coordinator is available to help you.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically or through the Office for Civil Rights Complaint Portal, available at **<https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>**, or by mail or phone at:

U.S. Department of Health and Human Services
200 Independence Avenue, SW Room 509F,
HHH Building Washington, D.C. 20201
1-800-368-1019, 800-537-7697 (TDD)

Complaint forms are available at
<https://www.hhs.gov/ocr/complaints/index.html>

**For free language-assistance service,
call (800) 247-2583 (TTY/TDD: 711).**

ARABIC

للحصول على خدمات المساعدة اللغوية المجانية ، اتصل
(800) 247 2583 (TTY/TDD: 711).

lilhusul ealaa khadmat almusaeadat
allughawiat almajaaniat, atasal
(800) 247-2583 (TTY/TDD: 711).

CHINESE

如需免费语言协助服务，请致电，
(800) 247-2583 (TTY/TDD: 711).

Rú xū miǎnfèi yǔyán xiézhù fúwù, qǐng
zhìdiàn (800) 247-2583 TTY/TDD: 711).

CUSHITE (OROMO)

Tajaajila gargaarsa afaanii bilisaa
argachuuf, (800) 247-2583
(TTY/TDD: 711) bilbili.

FRENCH

Pour des services d'assistance
linguistique gratuits, appelez le
(800) 247-2583 (TTY/TDD: 711).

GERMAN

Für kostenlose
Sprachunterstützungsdienste rufen Sie
(800) 247-2583 (TTY/TDD: 711) an.

ITALIAN

Per i servizi di assistenza linguistica gratuiti, chiamare il numero (800) 247-2583 (TTY/TDD: 711).

JAPANESE

無料の言語支援サービスについては、
(800) 247-2583 (TTY/TDD: 711).

Muryō no gengo shien sābisu ni tsuite wa, (800) 247-2583 (TTY/TDD: 711) made o denwa kudasai.

NEPALI

निःशुल्क भाषा-सहायता सेवाहरूको लागि, कल गर्नुहोस्, (800) 247-2583 (TTY/TDD: 711). Niḥśulka bhāṣā-sahāyatā sēvāharūkō lāgi, kala garnuhōs (800) 247-2583 (TTY/TDD: 711).

PORTUGUESE

Para serviços gratuitos de assistência linguística, ligue para (800) 247-2583 (TTY/TDD: 711).

RUSSIAN

Чтобы получить бесплатную языковую помощь, позвоните по телефону (800) 247-2583 (TTY/TDD: 711).

SERBO-CROATIAN (SERBIAN)	За бесплатне услуге језичке помоћи позовите (800) 247-2583 (TTY/TDD: 711). Za besplatne usluge jezičke pomoći pozovite (800) 247-2583 (TTY/TDD: 711).
SPANISH	Para servicios gratuitos de asistencia lingüística, llame al (800) 247-2583 (TTY/TDD: 711).
TAGALOG	PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa (800) 247-2583 (TTY/TDD: 711).
THAI	สำหรับบริการช่วยเหลือด้านภาษาฟรี โทร,(800) 247-2583 (TTY/TDD: 711). Sǎhr̄ab brikār ch̄wyh̄elūx dān phās'ā frī thor (800) 247-2583 (TTY/TDD: 711).

UKRAINIAN

Щоб отримати безкоштовні мовні послуги, телефонуйте

(800) 247-2583 (TTY/TDD: 711).

Shchob otrymaty bezkoshtovni movni posluhy, telefonuyte

(800) 247-2583 (TTY/TDD: 711)

VIETNAMESE

Đối với các dịch vụ hỗ trợ ngôn ngữ miễn phí, hãy gọi

(800) 247-2583 (TTY/TDD: 711).