

MBA/BIAW Health Insurance Trusts

Employee Waiver of Insurance Form

Employer Participation Guidelines

The MBA/BIAW Health Insurance Trust (the Trust) eligibility rules allow participating employers with six (6) or more eligible employees to "waive" coverage for a minimum number of otherwise eligible employees (see Program Summary for complete underwriting, participation & eligibility requirements). Participants who "waive" coverage will have only limited future enrollment opportunities as described below. Employers with less than 6 employees must enroll 100% of their eligible, full-time, active employees (i.e. employee/subscribers who have satisfied employer's insurance probationary period). Company owners may also waive coverage subject to the enrollment provisions outlined below.

Employee/Subscriber Waiver

"Special Enrollment" rights are sometimes allowed under Federal law (HIPAA). If you decline or waive enrollment in the Trust program *because you have other health insurance*, you may be allowed "special enrollment" rights provided all of the following conditions are satisfied: (1) you are covered under another health plan (or health insurance plan) at the time you waive coverage under the Trust; (2) you complete and return this Employee Waiver of Insurance Certification to the Trust within 30 days of the date you would have been eligible under the Trust; (3) you involuntarily lose coverage on your other plan (note: failure to pay premium is not considered an "involuntary" loss of coverage); and (4) you make application for enrollment to the Trust benefit plan within 30 days after your other coverage ends.

"Special Enrollment" rights are sometimes allowed under Federal law (HIPAA) if you decline or waive enrollment in the Trust program and *do not have other health insurance*. Under these special enrollment rights you may enroll outside of Open Enrollment if one of the following life events have occurred; 1) marriage, as long as application is received within 30 days of marriage, 2) newborn birth, adoption or placement for adoption, as long as application is received within 60 days of birth or placement.

If you do not complete and return this Employee Waiver Certification, or if you do not meet the other conditions outlined above, you will not have "Special HIPAA Enrollment" rights. In these cases enrollment will be available only; 1) when the employee/subscriber is initially eligible (based on employee's date of hire and employer's eligibility criteria); or 2) during the Trust's annual open enrollment period. If an employee/subscriber waives coverage, coverage will also be waived for the employee's dependents (if applicable) on all Trust benefit plans.

New enrollees will be subject to standard Waiting Periods and Pre-Existing condition limitation requirements as provided under State and Federal Laws (see plan booklets for details).

Employee Waiver Certification

Employee Name: _____ Employer: _____

Social Security #: _____ Employer's Group #: _____

Employee Phone #: _____ Date of Hire: _____

I certify I have read and understand the above MBA / BIAW "Employee Waiver of Insurance" information. I further certify that I have been offered coverage by my employer, however:

- I am declining coverage because I am covered by another Health (or Health Insurance) Plan. Provide name of Insurance Carrier _____ & name of the other Employer/Sponsor _____
- I am declining coverage and I am NOT covered under another Health (or Health Insurance) Plan. I understand that I will have only certain "Special HIPAA Enrollment" rights.

I have provided these answers as part of the application procedure required by the issuer to waive coverage and I certify that all information completed on this form is true, correct and complete. I understand that Regence Blue Shield, Asuris NW Health or Group Health Cooperative will rely on each answer in making coverage and rating determinations. It is a crime to knowingly provide false, incomplete, or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.

Signature of Employee: _____

Date: _____

Please return this original to the MBA / BIAW Administrator, EPK & Associates, Inc, 15375 SE 30th Place, Suite 380, Bellevue, WA 98007; 800-545-7011; fax (425) 641-8114; email to: admin@epkbenefits.com