

Waiver (refusal of coverage)

I acknowledge that I have been given the opportunity to apply for group coverage available to me and my dependents through my employer. I proclaim that I was not pressured or forced by my employer, the writing agent, or Humana into waiving (declining) coverage. If I have waived any coverage offered to me or my dependents, my signature is evidence of this action.

I hereby waive coverage for (check all that apply):

Medical for: Myself My spouse My dependent child(ren)

Dental for: Myself My spouse My dependent child(ren)

Basic Life for: Myself My spouse My dependent child(ren)

Vision for Myself My spouse My dependent child(ren)

Health Savings Account for: Myself My spouse My dependent child(ren)

I decline to apply for group coverage because of:

Spousal coverage

Medicare supplement

Individual coverage

Coverage under another carrier's plan provided by my employer

Other: _____

Employee or legal representative signature: _____

Name and relationship of legal representative: _____