

MEDICAL INSURANCE WAIVER FOR
NYEMASTER GOODE

I elect to waive participation in the Nyemaster Goode medical insurance program.

A waiver of group medical insurance means that I have no Nyemaster Goode sponsored insurance coverage for medical bills incurred as a result of sickness or accident. This waiver is allowed only with evidence that I have group insurance provided by my spouse or another health insurance policy.

I choose to waive group medical insurance under this plan. I understand that I will be required to submit a Certificate of Creditable Coverage to validate prior coverage to apply toward the pre-existing condition requirement on this health benefit plan for myself and/or my family if at any time in the future I wish to re-enter the plan.

My spouse currently has employer-sponsored group medical insurance provided by his/her employer as follows:

Name of Spouse: _____

Name of Spouse's Employer: _____

Name of Spouse's Insurance Company: _____

Contract Number: _____

Who is Covered: _____

Spouse Signature: _____

Employee Signature: _____

Date: _____