



Health Insurance Waiver Form For the 2019-2020 Plan Year

I understand that I am eligible for health insurance through Neubus' Health insurance policy for full-time employees.

I am declining health insurance for the following reason (please initial on line next to the appropriate reason for declining coverage):

- Health insurance coverage through Spouse
- Health insurance coverage through another employer
- Health insurance coverage through a Medicare Supplement
- COBRA coverage
- Other - Please list reason _____

I am also declining the following optional benefit plan(s):

- Dental
- Vision

By declining coverage offered by the Company, I (print name) _____ understand my dependents and I may not be eligible to enroll for benefits until the Company's next annual open enrollment period. I and/or my dependents may become eligible to enroll if there is a qualifying event, and I request enrollment within 30 days of the eligible qualifying event

Employee Signature

Date