



Waiver of Enrollment for State & Public School Retirees

Credible Coverage Information

If you waive enrollment for yourself and/or your dependent(s) (including your spouse) because of other employer group health insurance coverage within 31 days of becoming an active retiree and eligible to draw a retirement annuity check, you may be able to enroll yourself or your dependent(s) (including your spouse) in the future provided that you request enrollment into the State or Public School Retirees health insurance program within 30 days of loss of your other employer group health insurance coverage.

Please check the appropriate box(es):

- I am enrolled on the last day of employment.
- I am eligible at this time to begin drawing a retirement annuity check.
- I decline coverage for myself. I am currently enrolled under another employer group health insurance plan. (Requires a letter of Creditable Coverage to enroll at a later date) **I have a one-time option to return to the retiree insurance program after the initial waiver of coverage.**
- I decline coverage for my dependents (including my spouse). They are currently covered under another employer group health insurance plan. (Requires a letter of Creditable Coverage to enroll at a later date) **I have a one-time option to return to the retiree insurance program after the initial waiver of coverage.**
- I decline coverage for myself. I am *not* currently covered under another employer group health insurance plan. **This decision is final and I may not enroll at a later date.**
- I decline coverage for my dependents (including my spouse). They are *not* currently covered under another employer group health insurance plan. **This decision is final and I may not enroll them at a later date.**
- I decline coverage as I am covered by Medicare and/or a Medicare supplement other than the State supplement plan. **This decision is final and I may not enroll at a later date.**

I hereby certify that:

- (1) I have been given the opportunity to apply for health insurance coverage as a new state or public school active retiree. The coverage and the policy have been explained to me, and I decline to apply for coverage for myself and/or my dependent(s) (including my spouse) as listed above; and
- (2) I understand that if I decline coverage now due to being covered under another employer group health plan, once I lose that coverage I must apply for this coverage within 30 days of the loss of coverage; and
- (3) I understand that if I am eligible at this time to draw a retirement annuity and decline coverage for myself and dependent(s) (including my spouse) and that we are not currently covered under another employer group health plan at this time, I cannot enroll at a later date. **This decision is final.**

 Retiree Signature

 Date

 Social Security Number

 Group ID # / Agency

If you have any questions regarding this form or policy, please call our Customer Service Department at (501) 682-9656 or 1-877-815-1017.