

Waiver of Coverage

Coverage Refusal/Waiver – Understanding the Choice

In respect of total Refusal of, or Waiver of (see Refusal and Waiver options below) any coverage under the Group Plan, I acknowledge that I have been offered the benefits of my employer's Group Plan through Pacific Rim Administration Services Ltd. and the benefits provided by this Plan have been fully explained to me. I further acknowledge that I am forfeiting (as indicated below) all my rights and privileges in respect to such benefits. I understand that if I apply for refused or waived coverage in the future, I will be requested to provide evidence of eligibility at my own expense.

Waiver of Extended Health and/or Dental Coverage (Spousal Opt Out)

I, and/or my dependents have coverage with my spouse's group insurance plan and I/we do not wish to coordinate benefits through both plans and therefore I wish to waive the following coverages:

Extended Health coverage for me and my dependents, _____

Extended Health coverage for my dependents only _____

Dental coverage for me and my dependents, _____

Dental coverage for my dependents only _____

Spouse's Insurance Company _____

Spouse's Policy Number _____

Type of Spouse's coverage: Single _____ Family _____

Note: Family coverage will be provided until spouse's Insurance carrier information is provided.

Employee Signature: _____ **Date:** _____