

CT CL MGMT Effective: _____

DECLINATION OF COVERAGE

If you work less than full-time and receive less than the amount that is contributed towards a full-time employee, you may decline coverage. If you decline coverage, you and your dependents will not be allowed to enroll until the next Open Enrollment Period. Members who enroll during the Open Enrollment Period will become effective October 1, of the same year.

If you decline coverage and subsequently become a full-time employee or begin receiving the same contribution as a full-time employee, you **must** enroll in the plan the first of the month following the date of this event. If the number of hours worked increases or payment of coverage by Lucia Mar Unified School District increases, you may choose to enroll the first of the month following the occurrence.

If you are declining coverage for you and your dependent(s) because you and/or your dependents have coverage elsewhere and you subsequently lose coverage, you may enroll yourself and your dependents, provided that you notify the district within 30 days of loss of coverage. You must submit a completed and signed enrollment or change form along with a copy of the Certificate of Coverage from the "coverage elsewhere" or evidence of loss of coverage elsewhere.

In addition, if you have a new dependent as a result of marriage, birth, adoption, placement for adoption, or placed in your home as a result of court ordered custody or guardianship, you may enroll yourself and your dependents, provided you request enrollment within 30 days following the date of this event. Again, you must submit a completed and signed enrollment form.

If you fail to notify Lucia Mar Unified School District that your dependent(s) is no longer eligible for coverage under your plan, they may not be eligible for continuation coverage under the COBRA or CalCOBRA law.

I have read and understand the above notification. I understand that if I decline coverage, I will not be able to enroll in coverage until the district's next Open Enrollment period for an October 1 effective date, or because one or more of the events listed above.

I am declining health care coverage under the Lucia Mar Unified School District due to the following reason(s):

Print Name: _____

Signature: _____

Social Security Number: _____

Date: _____