

# Illinois Waiver of Coverage

Complete only if NOT electing Medical Associates Health Plans

I hereby elect to waive coverage offered by my Employer through Medical Associates Health Plans for myself and my dependents (if applicable) due to the following:

\_\_\_\_\_ I (and my dependents if applicable) have coverage under my spouse's group Plan.

\_\_\_\_\_ Other reason (please explain) \_\_\_\_\_

I understand that I am eligible to participate in my Employer's Health Plan. By waiving coverage, I will not have the opportunity to enroll under the Medical Associates Health Plans, unless certain qualifying events occur and meet State or Federal guidelines, or until the annual open enrollment period.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Print Name \_\_\_\_\_ S.S.# \_\_\_\_\_

## Notice of Individual Enrollment Period Qualification Requirements

If you are declining enrollment for yourself or your dependents (including your spouse), you may in the future be able to enroll yourself or your dependents in this plan, provided that you request enrollment within 31 days after your other coverage ends. In addition, if you have a new dependent as a result of birth, marriage, or adoption, you may be able to enroll yourself and your dependents, provided that you request enrollment within 31 days after the above qualifying event. Late enrollees can enroll during the annual open enrollment period. When you have no creditable health insurance coverage in place and are a late enrollee, coverage is subject to an 18-month waiting period by the plan.

## Notice of Preexisting Condition Limitation

Under this Plan, a preexisting limitation relates to the exclusion of benefits relating to a condition for which medical advice, diagnosis, care or treatment was recommended or received within the six-month period before the date of enrollment for such coverage. Preexisting Conditions will be covered for up to \$2,500.00 in payment for all conditions combined. After the maximum payment has been made, Preexisting Conditions will not be covered until the member has been covered under the Plan for 12 consecutive months. In no event does this Preexisting Condition Limitation apply to (a) newborn child or a child who has been adopted when properly enrolled with 31 days of the birth or adoption, when placement occurred before attaining 18 years of age, (b) pregnancy.

The period that the Preexisting Condition Limitation will apply can be reduced by periods of other Creditable Coverage that the member had in place before enrolling in this Plan. Other Creditable Coverage would be coverage under another Employer Group Health Plan, Insurance Plan, Medicare, Medicaid, etc. (See subscriber agreement for complete definition). If a break in coverage of sixty-three days or more has occurred, no Period of Creditable Coverage exists that can be applied toward satisfying this Plan's preexisting condition limitation. Waiting periods do not count as Creditable Coverage nor do they count as a break in coverage. The Employer and/or Plan is required to issue you a Certificate listing prior Credible Coverage when you terminate coverage under this Plan. If you need assistance in obtaining this Certificate, the Member Services Department of Medical Associates Health Plans can assist.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Print Name \_\_\_\_\_ S.S.# \_\_\_\_\_