

**MARLBORO COLLEGE**  
**Waiver of Group Health Insurance Benefits**

Employee's Name: \_\_\_\_\_ Social Security #: \_\_\_\_\_

I have been given the opportunity to enroll myself and my legal dependents in Marlboro College's group health insurance benefit plans. I choose to decline enrolling in the insurance plans offered by Blue Cross/Blue Shield of Vermont. My reason for declining coverage is indicated below:

- Covered by spouse's plan  
Insurance Name: \_\_\_\_\_ Policy #: \_\_\_\_\_
  
- Covered by other employer's plan  
Insurance Name: \_\_\_\_\_ Policy #: \_\_\_\_\_
  
- Covered by other insurance  
Insurance Name: \_\_\_\_\_ Policy #: \_\_\_\_\_
  
- Other Reason (explain): \_\_\_\_\_

I acknowledge that Marlboro College has explained the coverage available. I have been given the opportunity to enroll for coverage and have elected not to enroll as indicated above. I understand that I may enroll later only during the next open enrollment period or in the case of a qualifying event. Examples of qualifying events for mid plan-year enrollments are loss of alternative coverage by a spouse or party to a civil union, or death or divorce.

Employee  
Signature: \_\_\_\_\_

Date: \_\_\_\_\_