



NOTICE OF LATE ENROLLMENT RIGHTS

If you are declining enrollment for yourself or your dependents (including your spouse) because of other health insurance coverage, 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 a marriage, birth, adoption or placement for adoption, you may be able to enroll yourself and your dependents, provided that you request enrollment within 31 days after the marriage, birth, adoption, or placement for adoption.

DECLINING COVERAGE

- I decline enrollment in the Scott & White Health Plan during my initial eligibility period due to the reason listed below.
- I decline enrollment in the Scott & White Health Plan for my dependents during my initial eligibility period due to the reason listed below.

Reason for Declining Coverage:

- I and/or my dependents are covered under another health benefits plan.
- Other: _____

I have not been discouraged by Group or Health Plan from enrolling for coverage.

Signed: _____ Date: _____

Print Name: _____

Employer: _____