

Waiver of Medical and/or Dental Coverage Group Plans

If coverage is fully paid for by your employer, you must complete this form to waive (decline) medical coverage, dental coverage or both for you, your dependents, or your entire family under Group Plans.

If you waive Group Plans medical/dental coverage in which you or your dependents are already enrolled, your coverage will end on the last day of the month if GuideStone receives your completed waiver form by the 10th of the month.

CERTIFICATION AND WAIVER

Employer: _____ Employer number: _____

Employee name: _____ Social Security number: _____

This is to certify that I have been given the opportunity to apply for or continue medical and/or dental coverage provided to me and/or my dependents at no cost to me by my employer. I have not and will not receive any financial or other incentives from my employer in exchange for waiving coverage. I understand that my dependents are not eligible for coverage if I waive coverage for myself.

I waive medical coverage for:

- Myself
- Myself and all eligible dependents
- All eligible dependents
- Only these dependents:

Reason for waiving:

- Other group medical coverage
- Other individual medical coverage
- Other (explain): _____

Social Security number: _____ Name: _____

Social Security number: _____ Name: _____

Social Security number: _____ Name: _____

I waive dental coverage for:

- Myself
- Myself and all eligible dependents
- All eligible dependents
- Only these dependents:

Reason for waiving:

- Other group dental coverage
- Other individual dental coverage
- Other (explain): _____

Social Security number: _____ Name: _____

Social Security number: _____ Name: _____

Social Security number: _____ Name: _____

I understand that if I ask for coverage later, the terms of the plans will control my ability to get coverage. I also understand that pre-existing condition exclusions, waiting periods and other limitations may apply.

Employee signature: _____ Date: ____/____/____

Employer representative: _____ Date: ____/____/____

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Special enrollees for medical coverage: Under federal law, if you decline enrollment for medical coverage for yourself or your dependents because of other medical (not dental) coverage, you may in the future be able to enroll yourself or your dependents as special enrollees in Group Plans. Also, if you acquire a new dependent due to marriage, birth, adoption or placement for adoption, you may be able to enroll yourself and your dependents as special enrollees. To enroll as a special enrollee for medical coverage, you must request enrollment within 31 days after your other coverage ends or within 31 days after the marriage, birth, adoption or placement for adoption. These rules do not apply for dental coverage.

Late enrollees: If you or your dependents do not enroll when first eligible or as a special enrollee as described above, you or your dependents may enroll as a "late enrollee" under the plans. You may enroll as a late enrollee for medical coverage during any re-enrollment period. Coverage will become effective on the January 1 after GuideStone receives your enrollment form.

Note: Please see the plan booklets for information about pre-existing condition exclusions, waiting periods and other limitations for special and late enrollees.