



Benefits Services Department
 One Park Avenue, 16th Floor
 New York, NY 10016

Tel: (212) 404-3787
 Fax: (212) 404-3900
 Email: NYUbenefits@nyumc.org

Medical/Prescription Coverage Waiver Form

If you are waiving Medical coverage, you must complete this form and return it to the Benefits Services Department. Proof of relationship to eligible dependent(s) waived from coverage is also required.

Please indicate your Employer (*who you receive a check from*):

NYU School of Medicine NYU Hospitals Center NYU Hospital for Joint Diseases

- I understand that **if I waive Medical coverage for myself and/or my eligible dependent(s), then the individuals waived (including myself) will not be entitled to claim any benefits under the corresponding medical/prescription benefits plans sponsored by my Employer.**
- I understand that **this waiver will remain in effect for future years, unless a qualifying event occurs, or I select coverage during open enrollment or as a result of a qualifying event in subsequent years.**
- I understand the importance of verifying that I, and/or any eligible dependent that I elect to waive from medical/prescription coverage is in fact covered by the plan cited below before waiving coverage offered through my Employer.

I hereby waive the Medical Coverage offered by my Employer which includes all Hospitalization/Medical/Surgical and Prescription plan coverage for: (*please check all that apply and supply name(s) of eligible dependents that you are waiving from coverage*)

Myself My Spouse (or domestic partner) My covered dependent child(ren)

The above marked are covered as follows:

Policy Name: _____ **Policy Number:** _____

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Policy Name: _____ **Policy Number:** _____

Special Enrollment Rights under HIPAA

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 30 days after your other coverage ends. In addition, if you have a new dependent as a result of marriage, birth, adoption, or placement for adoption, you may be able to enroll yourself and your dependents, provided that you request enrollment within 30 days after the marriage, birth, adoption, or placement for adoption.

Name (Print)

Employee ID# (found on top of pay stub)

Signature

Date