

WAIVER OF HEALTH COVERAGE 2024

Employee Name	Campus ID
REASON FOR DECLINING GROUP HEALTH COVERAGE	
I have been offered coverage under the CSULB Research Foundation's gdecline coverage for the following reason (select one):	group health plan. I voluntarily chose to
I have coverage under another group health plan	
I have coverage under an individual health plan	
Other (please explain)	
PROVIDE THE FOLLOWING INFORMATION	
1. Name of Other Employer or Group Providing Coverage	
Insurance Company Providing Coverage (Please attach copy of insurance Company Providing Coverage)	nce card)
3. Name of Primary Subscriber	
ACKNOWLEDGEMENT	
I understand that by voluntarily declining coverage at this time, I will not Foundation group health plan until the next open enrollment period unless that should a qualifying event occur, I must notify Human Resources where the declining the required to wait until the next open enrollment period to obtain coverage through the CSULB Research Foundation and fail to obtain coverage through the CSULB Research Foundation and fail to obtain coverage through the CSULB Research Foundation and fail to obtain coverage through the CSULB Research Foundation and fail to obtain coverage through the CSULB Research Foundation and fail to obtain coverage through the CSULB Research Foundation and fail to obtain coverage through the CSULB Research Foundation and fail to obtain coverage through the CSULB Research Foundation and fail to obtain coverage through the CSULB Research Foundation and fail to obtain coverage through the CSULB Research Foundation and fail to obtain coverage through the CSULB Research Foundation and fail to obtain coverage through the CSULB Research Foundation and fail to obtain coverage through the CSULB Research Foundation and fail to obtain coverage through the CSULB Research Foundation and fail to obtain coverage through the CSULB Research Foundation and fail to obtain coverage through the CSULB Research Foundation and fail to obtain coverage through the CSULB Research Foundation and fail to obtain coverage through the CSULB Research Foundation and fail to obtain coverage through the CSULB Research Foundation and fail to obtain coverage through the CSULB Research Foundation and fail to obtain coverage through the CSULB Research Foundation and fail to obtain coverage through the CSULB Research Foundation and fail to obtain coverage through the CSULB Research Foundation and fail to obtain coverage through the CSULB Research Foundation and fail to obtain coverage through the CSULB Research Foundation and fail to obtain coverage through the CSULB Research Foundation and fail to obtain coverage through the C	I experience a qualifying event. I understand within 30 days of the event otherwise I will rage. I also understand that should I refuse
Employee Signature	 Date