

WHITMAN COLLEGE

OPTION B - CASH IN LIEU

Certification of other medical coverage

If you are declining medical coverage for yourself and/or a dependent at this time because of other coverage, please list the family members declining coverage and their current insurance company.

Name of Family Member/Domestic Partner

Current Insurance Carrier & Policy No.

If you are declining coverage for your dependents (including your spouse or domestic partner) because of other health insurance coverage, you may in the future be able to enroll your dependents in this plan, provided that you request enrollment within **31 days** after your dependent's other coverage ends. In addition, if you have a new dependent as a result of marriage, domestic partnership, birth, adoption, or placement for adoption, you may be able to enroll your dependents, provided that you request enrollment within **31 days** after the marriage, birth, adoption, or placement for adoption.

Under the provisions of the Health Insurance Portability and Accountability Act of 1996 (HIPAA), you are entitled to receive credit toward this plan's preexisting condition waiting period, provided that you supply a Certificate of Creditable Coverage from your prior plan, or other proof of coverage.

Signature _____

Date _____