

Enrollment Waiver

Name (Please print) _____

I have been offered the opportunity to enroll in Kaiser Permanente through _____
company name

I am declining this coverage for myself and my eligible dependents because _____

I am accepting coverage for myself, however, the following eligible dependents are declining this coverage.

Dependent's Full Name

Spouse _____ Dependent _____

Dependent _____ Dependent _____

Spouse/Dependent coverage is being declined because _____

I understand I will not be eligible to enroll myself and/or my dependents until the next open enrollment except under certain circumstances. (Please see your employer for details.)

Signature _____ Date _____



KAISER PERMANENTE®