

Pacific First Dental & Healthcare Plans

Refusal of All Benefits/Waiver of Coverage

Coverage Refusal/Waiver – Understanding the Choice

With respect to total Refusal of, or Waiver of (see Refusal and Waiver options below) any coverage under the Group Plan, I acknowledge that I have been offered the benefits of my employer's Group Plan with Pacific First and the benefits provided by this Plan have been fully explained to me. I further acknowledge that I am forfeiting (as indicated below) all my rights and privileges in respect to such benefits. I understand that if I apply for refused or waived coverage in the future, I may be requested to provide evidence of eligibility at my own expense.

Total Refusal of Coverage (To Include Insured Group Life/Health and Critical Illness)

I waive total coverage for me and my dependants, if any, with respect to Group No. _____

Employee Signature: _____ **Date:** _____

Waiver of Extended Health and/or Dental Coverage (Spousal Opt Out)

I, and/or my dependants have coverage with my spouse's group insurance plan and I/we do not wish to co-ordinate benefits through both plans and therefore I wish to waived the following coverage's:

Extended Health coverage for me and my dependants, if any _____

Extended Health coverage for my dependants only _____

Dental coverage for me and my dependants, if any _____

Dental coverage for my dependants only _____

Spouse's Insurance Company _____

Type of Spouse's coverage: Single _____ Family _____

Note: Family coverage will be provided until spouse's Insurance carrier information is provided.

Employee Signature: _____ **Date:** _____