Pacific First Dental & Healthcare Plans

Refusal of All Benefits/Waiver of Coverage

Coverage Refusal/Waiver — Understanding the Choice

In respect of 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

I waived total coverage for my dependants, if any and me.

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 my dependants, if any and me

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:____________________

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