



DECLINING HEALTH COVERAGE FORM

CHURCH INFORMATION

NAME OF EMPLOYER (CHURCH)

EMPLOYEE INFORMATION

LAST NAME	FIRST NAME	MIDDLE								
ADDRESS	CITY	STATE	ZIP							
SOCIAL SECURITY NUMBER	SEX M F	HOURS WORKED PER WEEK								
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REASON FOR DECLINING COVERAGE:

- I am enrolled on my spouse's health insurance plan.
- I am enrolled in a plan provided as a result of my military service.
- I am not enrolled on any health insurance plan but do not want this coverage.
- Other (specify):

NOTICE: Employees eligible for health care coverage under plans selected by the Diocese of Tennessee can elect to decline medical and/or dental coverage. If you decline coverage, here is some important information you need to know:

- You will not be able to re-enroll in a medical or dental plan until the next Open Enrollment period, unless you have an eligible qualifying event. For a description of qualifying events, please speak with a representative from the Church Pension Group at 800-480-9967. Open Enrollment normally occurs each year during October or November for the Diocese of Tennessee.
- Declining coverage does not entitle you to receive additional compensation in lieu of benefits.

STATEMENT: I have been offered the plans selected by the Diocese of Tennessee and have elected not to be covered under the benefit option.

EMPLOYEE SIGNATURE	DATE
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