Blue Cross and Blue Shield of New Mexico

A Division of Health Care Service Corporation, a Mutual Legal Reserve Company, an Independent Licensee of the Blue Cross and Blue Shield Association.

Waiver of Insurance

Please return this completed form to your employer.

If you **do not** choose to enroll in group coverage for yourself or your dependents, complete the following information and sign below.

Employer (group) name	Employee name (please print)

Waiver of health and/or dental coverage: I certify that I have been given the opportunity to participate in my employer's group health and/or dental plan offered by Blue Cross and Blue Shield of New Mexico. (Check the applicable boxes.)

Health

- ☐ I **do not** elect health insurance plan coverage for myself and my dependents (if any).
- ☐ I **do not** elect health insurance plan coverage for my spouse.
- ☐ I **do not** elect health insurance plan coverage for my children.

Dental

- ☐ I **do not** elect dental insurance plan coverage for myself and my dependents (if any).
- ☐ I **do not** elect dental insurance plan coverage for my spouse.
- ☐ I **do not** elect dental insurance plan coverage for my children.

Vision

- ☐ I **do not** elect vision insurance plan coverage for myself and my dependents (if any).

Life

- ☐ I **do not** elect life insurance plan coverage for myself and my dependents (if any).

I do not wish to participate in the group insurance plan, at this time, for the following reason:

- ☐ I have Blue Cross and Blue Shield or HMO New Mexico coverage through another source; group name and number: ________________
- ☐ I am a dependent of a Uniformed Serviceman.
- ☐ I am retired (or a dependent of a retiree from Military Service).
- ☐ I have other group coverage; carrier name: ___________________
- ☐ I have no other coverage and am not interested at this time.

Employee Signature	Date

If you are declining enrollment for yourself or your dependents (including your spouse) because of other health insurance coverage, you may in the future be able to enroll yourself or your dependents in this plan, provided that you request enrollment within 30 days after your other coverage ends. In addition, if you have a new dependent as a result of marriage, birth, adoption, or placement for adoption, you may be able to enroll yourself and your dependents, provided that you request enrollment within 30 days after the marriage, birth, adoption, or placement for adoption.