

## Active group benefits refusal

FOR BA USE ONLY	
Agency/School district	Agency/School district group number

Enrollee name		Enrollee Social Security number
Mailing address		
State	ZIP Code	Telephone number

<b>FOR ACTIVE EMPLOYEES ONLY</b>	<b>Certification</b> I have been advised of my eligibility to enroll in the state active employee insurance benefits program. I understand that if I choose to be covered as a dependent on my parent's insurance, I may also be refusing benefits that are offered to me only as an active employee.* I understand I will not be eligible for maternity benefits if I am covered as a dependent on my parent's insurance.  Signature: _____ Date: _____
	<b>Note:</b> A spouse who is eligible for coverage as an employee of any participating group, including a local subdivision, or as a state-funded retiree may not be covered as a spouse under any plan.

<b>FOR ELIGIBLE RETIREES ONLY</b>	<b>Certification</b> I have been advised of my eligibility to enroll in the state active employee insurance benefits program. I understand that if I refuse to enroll as an active employee, I may also be refusing benefits that are offered to me as an active employee.*  I also understand that enrollment under the state active employee insurance benefits program will not adversely affect my eligibility to return to the state retiree insurance benefits.  Signature: _____ Date: _____
	<b>Note:</b> A retiree <b>must</b> enroll in active coverage once he or his spouse becomes eligible for Medicare if the retiree is still actively working at the time Medicare is gained.

*\*In addition to health, dental and vision coverage, permanent full-time and ACA eligible employees are eligible for Basic Life, Optional Life, Dependent Life, Basic and Supplemental Long-Term Disability and the MoneyPlus Pretax Group Insurance Premium Feature and MoneyPlus spending accounts.*