Medical Default Notice

As a new employee eligible for benefits, you have several options for medical insurance.

**Option 1: Waive Medical Insurance**

If this option is elected, you must certify you are covered under another medical insurance plan. If medical insurance is waived, you will not be able to elect medical coverage until the next enrollment period. The only exception to this would be if you experience a “life event” as described in the Cafeteria Flexible Benefits Plan Workbook. Your life event must be reported to Human Resources within 30 days of the event. If the life event is not reported within 30 days, you will not be able to obtain medical insurance until the next enrollment period.

**Option 2: Elect Medical Insurance**

If this option is elected, enrollment must be made within 30 days of your hire date. Coverage begins the first day of the month coinciding with or following your date of hire. For instance, if your date of hire is May 3rd, coverage begins on June 1st. If you are hired May 1st, coverage begins on the same day.

**Option 3: The College will Default You into Medical Insurance**

If you do not waive or elect medical insurance within 30 days of your hire date, you will default to the Carefirst BlueCross BlueShield Preferred Provider Network (PPO) plan for just yourself. You will not be able to elect medical coverage for your spouse and/or dependent children until the next enrollment period.

If you wait to make an election toward the end of the 30 day period, you will be responsible for paying your portion of the premiums back to the eligibility date. The amount due to the College will be deducted from your next available pay.

By signing this form, I have read, understand and acknowledge the three options listed above. I also understand there will be no exceptions made and it is my responsibility to make a decision to waive or elect medical insurance within thirty days of my eligibility.

Print Name ___________________________ Date ___________________________

_________________________________ Human Resources Representative

Signature