



Fortus Group Travel, Inc.

181 Genesee Street * Utica, New York * 13501

Toll Free: 1-888-387-3625

www.fortusgroup.com

Waiver of Group Coverage

Company Name: Fortus Group Travel, Inc.

Employee Name: _____

Date of Birth: _____

Please Check One:

- I waive my employer's group health insurance coverage for myself and my dependents (if any) but am enrolling in the group dental coverage.
- I waive my employer's group dental insurance coverage for myself and my dependents (if any) but am enrolling in the group health insurance.
- I waive my employer's group health and dental coverage for myself and my dependents (if any).
- I am enrolling in my employer's group health and dental insurance coverage but I am waiving coverage for my dependents.
- I am enrolling in my employer's group health insurance but I am waiving coverage for my dependents.
- I am enrolling in my employer's group dental insurance but I am waiving coverage for my dependents.

Reason for Waiving Coverage – Please Check One:

- Covered through spouse's employer, or:
- Covered through a parent's employer

Employer Name: _____

Insurance Company: _____

- Other reason (explain): _____
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As a result, I waive my and/or my dependents (if any) eligibility to enroll in my employer's group plan at this time. I understand that I and/or my dependents may enroll under this plan in the future only; within 30 days of involuntarily loss of other group coverage; or, at the time of my employer's open enrollment.

Employee Signature: _____

Date: _____