



**DECLINATION OF COVERAGE FOR LESS THAN FULL-TIME ACTIVE
EMPLOYEES AND HIPAA NOTIFICATION**

If you are declining for you or your dependents (including your spouse) because you and/or your dependents have coverage elsewhere and you subsequently lose coverage, you may enroll yourself or your dependents immediately provided you notify the district within 30 day of loss of coverage. Effective April 1, 2009 loss of coverage under a Medicaid plan, loss of coverage under Children’s Health Insurance Program (CHIP) or eligibility to participate in a premium assistance program under Medicaid or CHIP gives rise to special enrollment rights. You must submit a completed and signed enrollment or change form along with a copy of the Certificate of Coverage from the “coverage elsewhere” or evidence of loss of coverage elsewhere.

In addition, if you have a new dependent as a result of marriage, birth, adoption, or placement for adoption, or placed in your home as a result of court ordered custody or guardianship, you may enroll yourself and your dependents, provided that you request enrollment within 30 days following the date of this event. Again, you must submit a completed and signed enrollment or change form.

I have read and understand the above notification. I understand that, if I decline coverage, I will not be able to enroll in coverage until the district’s Open Enrollment period for an October 1 effective date or because of one or more of the events listed above.

I am declining health care coverage under San Luis Obispo Community College District due to the following reason(s).

Print Name: _____

Signature: _____

Date: _____

Banner ID: _____