

## HIPAA Special Enrollment Notice

If you are declining enrollment for yourself or your dependents (including your spouse) because of other health insurance or group health plan coverage, you may be able to enroll yourself or your dependents in this plan if you or your dependents lose eligibility for that other coverage (or if the employer stops contributing towards your or your dependents' other coverage). However, you must request enrollment within [insert "30 days" or any longer period that applies under the plan] after your or your dependents' other coverage ends (or after the employer stops contributing toward the other coverage).

In addition, if you have a new dependent as result of marriage, birth, adoption, or placement for adoption, you may be able to enroll yourself and your dependents. However, you must request enrollment within [insert "30 days" or any longer period that applies under the plan] after the marriage, birth, adoption, or placement for adoption.

Special enrollment rights also may exist in the following circumstances:

For participants in a state premium assistance program, such as Medicaid or a state CHIP. As described above, a 30 day period applies to most special

Participants provide a statement of reasons for declining coverage, insert the  
this notice, a special enrollment opportunity may be available in the future if  
other coverage. This special enrollment opportunity will not be available  
however, unless you provide a written

statement now explaining the reason  
that you are declining coverage for yourself or your dependent(s). Failing to accurately complete and  
return this form for each person for whom you are declining coverage may eliminate this special  
enrollment opportunity for the person(s) for whom a statement is not completed, even if other coverage is  
currently in effect and is later lost. In addition, unless you indicate in the statement that you are declining  
coverage because other coverage is in effect, you may not have this special enrollment opportunity for  
the person(s) covered by the statement. (See the paragraphs above, however, regarding enrollment in  
the event of marriage, birth, adoption, placement for adoption, loss of eligibility for Medicaid or a state  
CHIP, and gaining eligibility for a state premium assistance subsidy through Medicaid or a state CHIP.)]