RESEARCH FOUNDATION CUNY

RESEARCH FOUNDATION
of The City University of New York
230 West 41st Street
New York, NY 10036-7207

WAIVER OF HEALTH INSURANCE BENEFITS ENROLLMENT FORM

I have been advised by the Research Foundation of The City University of New York, that as an eligible employee, I have the right to participate in the Research Foundation's Health Insurance Program.

After serious consideration, I have decided not to take advantage of enrolling in this program and waive the right to enroll at this time. I understand that if I choose to participate at a later date, I may do so only during the next scheduled Open Enrollment Period for Health Insurance elections, unless a Qualifying Life Event ensues. A Qualifying Life Event for this purpose is defined as an activity such as marriage, divorce, birth or adoption. I understand that in order to participate under this Qualifying Life Event Election Period, I must enroll within 30 days from the date of the Qualifying Life Event, or I shall forfeit my right to participate until the next scheduled Open Enrollment Period. I understand that when I enroll as a result of a qualifying event, my eligibility for the waiver ceases.

Under no circumstances will waivers be paid retroactively. Please be advised that re-enrollment in the Benefits Waiver Program is not automatic. A new waiver enrollment must be submitted annually during the open enrollment period.

I further understand that I may be eligible to receive the waiver benefit if I can show that I have medical coverage elsewhere and can attach proof of other coverage, which must include a statement to that effect on company letterhead. An RF employee who is a spouse or dependent of an RF employee that is enrolled in an RF provided health benefits plan is not eligible to participate in the waiver program.

- I am a Part-time A employee (working more than 19 hrs/week, but less than 35) and may be eligible for the $1000 waiver benefit by declining coverage, or,
- I am a Full-time employee electing the Individual coverage option and may be eligible for the $1000 waiver benefit by declining coverage, or
- I am a Full-time employee electing either Parent & Child, Couple or Family coverage option and may be eligible to receive the $1500 waiver benefit by declining coverage, if I can prove that I have one of the above coverage options elsewhere.

I understand that the amounts identified above are annualized amounts, and the amounts payable to me will be pro-rated if they are for less than the full calendar year. If I elect to participate in the Research Foundation's Health Insurance Program and later request to cancel my coverage, I understand that I am not eligible to participate in the Research Foundation's Waiver Benefit Program until the next open enrollment period.

Print Name_____

Employee ID# _____

Signature_____

Campus Location_____ Date _____

Forward form to your Campus Benefits Coordinator at the Research Foundation of CUNY, Human Resources Dept.