



EPISCOPAL
DIOCESE
of Southern Virginia

DECLINE HEALTH CARE COVERAGE FORM

EMPLOYER INFORMATION

NAME OF EMPLOYER (CHURCH)	CITY/TOWN
---------------------------	-----------

EMPLOYEE INFORMATION

NAME		
ADDRESS		
CITY	STATE	ZIP

REASON FOR DECLINING COVERAGE

- _____ I am enrolled in my spouse's health insurance plan.
- _____ I am enrolled in a plan provided as a result of my military service.
- _____ I am enrolled in another health insurance plan. Name of plan: _____
Coverage in this plan is comparable to or greater than one of the diocesan plans.
- _____ Other (specify): _____

NOTICE: Employees eligible for health care coverage under plans offered by the Diocese of Southern Virginia can elect to decline medical and/or dental coverage as long as you have adequate coverage elsewhere. If you decline coverage, here is some important information you need to know:

- You will not be able to re-enroll in a medical or dental plan until the next Annual Enrollment period unless you have an eligible qualifying event. For a description of qualifying events, please speak with the diocesan administrator. Annual Enrollment occurs each year during October and November in the Diocese of Southern Virginia.
- Declining coverage does not entitle you to receive additional compensation in lieu of benefits.
- Clergy who have health coverage under Medicare and are working 20 hours or more a week are not permitted to enroll in the Group Medicare Advantage Plan offered through the Episcopal Church Medical Trust and cannot receive the Church Pension Fund Post-Retirement Health Subsidy.

STATEMENT: I have been offered the plans offered by the Diocese of Southern Virginia and have elected not to be covered under the benefit option for the plan year of 20 ____.

EMPLOYEE SIGNATURE	DATE
--------------------	------

Please keep this document in the personnel file of the employee. A new Decline Health Care Coverage Form must be completed and signed each year by any employee who declines coverage for any reason.