Declination of Coverage

KAISER PERMANENTE®

The Kaiser Permanente Medical Care Program has been offered to me as a group health care benefit option by my employer, _____. Purchaser number _____.

I voluntarily choose not to enroll in the group health care program through my employer at this time. I understand my next opportunity to enroll will be during the open enrollment period in _____ with my coverage effective _____.

Employee Name	Signature	Social Security Number	Date	Reason
		- -		❑ I am covered by other group insurance ❑ I decline employer-sponsored health coverage
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