



WAIVER OF MEDICAL INSURANCE COVERAGE FOR MEDICAL HOUSE STAFF MEMBERS

Emory University **requires** all Medical Residents and Fellows to have **medical insurance coverage**. **Single medical coverage is provided to Medical House Staff members at no cost**. If a Medical Resident or Fellow does not wish to have group medical insurance provided by Emory University, he or she must prove that he or she has other insurance (i.e., through spouse/partner, individual policy) and this Waiver Form must be signed.

(Please print)

LAST NAME: _____ FIRST NAME: _____ MIDDLE INITIAL: _____

EMPLOYEE ID: _____

Please Mark "X" Below:

_____ I am a **Medical Resident/Fellow** and I understand that I must be enrolled in medical insurance coverage while completing my training as a Medical House Staff member at Emory University. I am requesting to waive enrollment for medical insurance coverage for myself and any eligible dependents because I have other coverage.

_____ **Proof of enrollment or a copy of my medical insurance ID card is attached.**

FINANCIAL RESPONSIBILITY STATEMENT

I understand if I waive coverage now that I may only enroll in the Emory University Medical House Staff medical insurance plan during the annual enrollment period (typically each June with coverage effective July 1st) or, within 31 days of a qualified Family Status Change. Qualified Family Status Change can include:

- Marriage, divorce or annulment
- Birth of a child
- Death of your Spouse/Same-Sex Domestic Partner (SSDP) or Dependent
- Placement of a foster child or a child for adoption with you, or assumption of legal guardianship of a child
- Change in your Spouse/SSDP's or dependent's employment status that affects benefit eligibility
- You or your Spouse/SSDP returns from unpaid leave of absence
- You or your dependent becomes eligible or loses eligibility for Medicare or Medicaid
- Court ordered coverage of your child by you or your Spouse/SSDP
- Change in your Spouse/SSDP's or dependent's place of residence that affects eligibility
- Change in your employment that affects benefits eligibility
- Loss of eligibility for a dependent

I have read the information describing the Medical House Staff benefits offered through Emory University, and request WAIVER of this requirement to be enrolled for medical insurance coverage. I certify that I have equivalent or better coverage through another plan of insurance and that information provided is current. When I waive enrollment in the Medical House Staff medical benefits, I understand this means I WILL BE RESPONSIBLE FOR ANY MEDICAL EXPENSES WHICH I MAY INCUR.

Signature of Resident/Fellow

Date

Return the completed form to:
Benefits Department, Emory University, 1599 Clifton Road, First Floor, Atlanta, GA 30322
Email: hrbenef@emory.edu
Fax: 404-727-7145