

**Blue Cross & Blue Shield of Rhode Island**  
**Small Employee Waiver Form/Certification**  
Please complete all fields.

<b>EMPLOYER NAME</b>	<b>BCBSRI GROUP NUMBER</b>
<b>EMPLOYEE NAME</b>	<b>DATE</b>

<b>REASON FOR WAIVER</b>  CHECK THE ONE THAT APPLIES	<input type="radio"/> Covered by Medicare <input type="radio"/> Covered under a spouse's plan <input type="radio"/> Covered under a parent or guardian's plan <input type="radio"/> Covered under another plan offered by the employer listed above <input type="radio"/> Other (PLEASE SPECIFY) <hr/>
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<b>TYPE OF WAIVER</b>  CHECK ALL THAT APPLY	Waiver is for:  <input type="radio"/> Employee <input type="radio"/> Spouse <input type="radio"/> Child/Children	Waiver is for:  <input type="radio"/> Health Only <input type="radio"/> Dental Only <input type="radio"/> Health & Dental
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I understand that, by waiving coverage under my employer's plan at this time, my request for coverage at a later time may subject me or my dependents to penalties not imposed on other subscribers.

However, if I am declining enrollment for myself or for my dependents (including my spouse) because of other health insurance coverage, I may be able to enroll myself or my dependents in my employer's plan if that coverage ends in the future, provided that I request enrollment within thirty (30) days after that coverage ends. In addition, if I get married or have a child (whether by birth, adoption, or placement for adoption) after I decline enrollment, I may be able to enroll myself and my dependents in my employer's plan at that time provided that I request enrollment within thirty (30) days after the marriage, birth, adoption, or placement for adoption.

**Complete only one of the following sections (Waiver by Employee or Certification of Employer):**

<b>WAIVER BY EMPLOYEE</b>		<b>CERTIFICATION OF EMPLOYER</b>	
		The employee was offered coverage and was presented with this form, but he/she declined coverage, refused to sign this form, or was unable to sign it.	
<b>Signature</b>	<b>Date</b>	<b>Signature</b>	<b>Date</b>
<b>Print Name</b>		<b>Print Name</b>	