SHARP® HEALTH PLAN

Declination of Coverage

Sharp Health Plan has been offered to me as a group health care benefit option by my employer,_____.

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 No.**	**Date**	**Reason**
				❑ I am covered by another insurance company. ❑ I do not want any health coverage.
				❑ I am covered by another insurance company. ❑ I do not want any health coverage.
				❑ I am covered by another insurance company. ❑ I do not want any health coverage.
				❑ I am covered by another insurance company. ❑ I do not want any health coverage.
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				❑ I am covered by another insurance company. ❑ I do not want any health coverage.

7/12/99 **White** -Sharp Health Plan Marketing **Yellow** -SHP Underwriting **Pink** -Employer **Gold** -Broker