



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
				<input type="checkbox"/> I am covered by another insurance company. <input type="checkbox"/> I do not want any health coverage.
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