Affiliated Physicians & Employers Health Plan

A NJ Self-Insured MEWA

Please send forms to:
Concord Management Resources
P.O. Box 5487
Somerset, NJ 08875
Phone: 833-MEWANOW (833-639-2669)
Fax: 833-MEWAFAX (833-639-2329)
Email: mewaenrollment@concordmgt.com

HEALTH BENEFIT WAIVER

This benefit waiver is available to employees who are regularly scheduled to work a minimum of 24 hours or more every week. Upon renewal of the Group Health Plan, employees may elect to continue to waive out or enroll in the benefit program during the open enrollment period, or at any time upon a qualifying event as defined in the Plan's Summary Plan Description.

WAIVER

I, _____ voluntarily agree to waive coverage under the health benefits offered by_____. I understand the above explanation of my rights to waive benefits or enroll in the benefit program offered.

I realize that I can enroll in the group health plan being offered at this time, but have chosen not to participate. I also understand that hereafter I may apply for coverage only during the open enrollment period of the Group Health Plan or if a qualifying event occurs as defined in the Plan's Summary Plan Description.

Choose one of the below options that apply:

_____ I knowingly do not have any type of health (medical, vision & prescription drug) benefits and do not wish to participate in the Group Health Plan being offered.

_____ I certify that I am covered by the following health insurance plan:

Name of Health Insurance Plan:_____

Policy Number: _____

Company or Group Sponsor: _____

(Please attach copy of Insurance Card)

_____ _____
Employee Signature Date

_____ _____
Employer Signature Date

Account #: _____
To be completed by Plan Administrator