



**Michigan Electrical Employees' Health Plan**  
6525 Centurion Drive • Lansing, MI 48917  
(517) 321-7502 • FAX # 517-321-7508  
855-633-4584



**WAIVER OF PARTICIPATION**

The undersigned, being a non-bargaining unit employee of \_\_\_\_\_  
\_\_\_\_\_ (the "Employer")  
hereby elects to waive participation in the Michigan Electrical Employees Health Plan (the  
"Plan"). I hereby certify that I have other health care coverage as a dependent under my spouse's  
group health plan.

I acknowledge that I have received a copy of the booklet explaining benefits provided by the  
Plan and that, except for this waiver, coverage would be effective for me and my dependents as  
of \_\_\_\_\_, 20\_\_.

I may elect to enroll in the Plan at a later date by writing to the Plan Office and completing an  
enrollment form. I understand that my covered dependents and I will not have coverage for a  
preexisting condition for the 6-month period beginning on the effective date of Plan coverage.  
The preexisting condition limit does not apply to individuals under age 19 on or after  
September 1, 2012. However, any period of creditable coverage can be used to reduce the  
period of the preexisting condition limitation. Creditable coverage is explained in the Plan's  
Summary Plan Description (page 50).

I hereby acknowledge that I have read this statement, that I have considered its contents and the  
consequences thereof and that I agree to sign it of my own free will without coercion of any  
form.

Signed this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_.

\_\_\_\_\_  
Typed Name of Employee

\_\_\_\_\_  
Employee's Signature

\_\_\_\_\_  
Witness