KeyStaff, Inc.

Waiver Form

Administrative Office:
Boon Administrative Services
6300 Bridgepoint Parkway,
Bldg. 3, Suite 200
Austin, TX 78730

To Waive Coverage: Please fill out this form for underwriting purposes

Employee Name (Last, First, M.I.)	Social Security Number	Date of Birth
Home Address		
City	State	Zip Code
Company Jobsite Locaton	Date of Hire	

I am waiving coverage due to

☐ **Coverage under my parent's plan or spouse/domestic partner's plan:**

Name of Carrier	Policy ID Number

☐ **Other Coverage:**

☐ Individual Plan	☐ COBRA	☐ Tricare
☐ Medicare	☐ Medicaid	☐ Employer - Sponsored Group Plan

Name of Carrier	Policy ID Number

For the plan year effective: 12/27/2024

Proof of other coverage

Please make a copy of the front and back of your current insurance identification card and attach the copy to this form for verification purposes. Your name must be visible on the card; otherwise a letter from the insurance provider is required confirming you are a covered individual. **Proof of coverage is required.**

Please review, initial, and sign to waive coverage

By signing below, I certify that I have been given an opportunity to apply for coverage for myself and my eligible dependent(s) (if any), through my employer. I understand that I am declining enrollment for myself or my eligible dependent(s) (if any) as indicated above. I also understand that I may be able to enroll myself and my eligible dependent(s) (if any) in this plan if I lose, or my eligible dependent(s) lose, eligibility for other coverage that is currently in effect.	Initial
I understand that I must request enrollment no more than 30 days after the date the other health plan coverage ends. If I do not do so, I will not be able to enroll until my employer's next annual open enrollment period.	Initial
In addition, I understand that if I have a newly eligible dependent as a result of a marriage, birth, adoption, or placement for adoption (a Qualified Life Event or QLE), I may be able to enroll myself and my eligible dependent(s). However, I must request enrollment within 30 days from the aforementioned QLE.	Initial

Employee Signature	Date

Submit the completed waiver form by one of the following methods

Submit the form to your HR Department