

EMPLOYEE NOTICE

For employees who have elected not to receive medical or dental benefits for yourself or your dependents (including your spouse) the following enrollment policies apply:

FEDERAL LAW COMPLIANCE

In order to comply with federal law, you must complete and sign the HIPAA Waiver section of the attached medical and dental applications for yourself and/or all of your dependents who are declining coverage at this time. These applications must be received in the Delta office no later than 2 weeks after your start date.

OPEN ENROLLMENT:

Open enrollment is available to all-eligible employees and dependents on January 1st of each year. Applications for enrollment will be accepted up to December 15, with an effective date of January 1st of the following year.

NOTICE OF SPECIAL ENROLLMENT RIGHTS:

If you are declining enrollment for yourself or your dependents (including your spouse) because of other health insurance coverage, you may in the future be able to enroll yourself or your dependents in this plan, provided that you request enrollment within 31 days after your other coverage ends. In addition, if you have a new dependent as a result of marriage, birth, adoption or placement for adoption, you or your dependents may be able to enroll, provided that you request enrollment within 31 days after the event. You and your dependents must demonstrate previous medical coverage by providing us with a Certificate of Credible Coverage. A Certificate of Credible Coverage may be obtained from your previous medical coverage insurer(s) and/or employer(s).

Specifically, you are eligible for special enrollment based on:

- (1) Loss of coverage by another group health plan. This is subject to the following conditions: (a) The other group health plan must no longer be available, and (b) The employee must have declined coverage when it was offered, and (c) The employee must have signed in writing that coverage under another plan was the reason for declining to enroll, and (d) Loss of coverage does not include a loss because of the individual's failure to pay premiums or any loss of coverage cause.
- (2) Obtaining a new dependent through marriage, birth, adoption, or placement for adoption.

After reviewing this policy, please sign, date, and return it to the WD Main Office at P. O. Box 187, Whiteford, MD 21160.

Signature

Date

Print Name