



Employee _____ **Nav ID** _____

Spouse _____ **Nav ID** _____

A Spouse also employed by The Navigators with 20 scheduled hours or more must fill out a separate waiver

Dependent _____

Start Date of other Coverage _____

Employee (self) *I waive coverage under The Navigators group health plan due to my eligibility through:*

- My spouse's employment with The Navigators: *I am listed as a dependent under my spouse*
- Coverage through Medicare
- Coverage through Tricare
- My additional employer's group health plan
- United States Tribal Healthcare Plan *I understand the restrictions of the plan based on the location of my residence.*
- I am serving overseas and my country requires socialized medical coverage *I have also spoken to The Navigators Benefits Manager and understand the requirements*

Spouse *I waive my spouse's coverage under The Navigators group health plan due to their eligibility through:*

- Their own employer's group health plan
- My spouse is under the age of 26 and on their parent's group health plan
- Coverage through Medicare/Medicaid
- Coverage through Tricare
- United States Tribal Healthcare Plan *I understand the restrictions of the plan based on the location of my residence.*
- The country we service in requires socialized medicine and I understand the requirements

Child(ren) Dependent *I waive coverage of my dependents under The Navigators group health plan due to their eligibility through:*

- My spouse's employer's group health plan
- Coverage through Medicare/Medicaid/Tricare
- United States Tribal Healthcare Plan *I understand the restrictions of the plan based on the location of my residence.*
- My Adult Children (age 19-26) have their own means of coverage: *spouse or employer coverage*
- The country we service in requires socialized medicine and I understand the requirements

I understand I may revoke this election during the open enrollment period of any year, to be effective on January 1. If I, my spouse, or dependents lose eligibility for the other coverage indicated above, I understand that I may be entitled to a special enrollment period and must notify The Navigators within 31 days of the date the other coverage ends. If I miss the special enrollment opportunity, I understand that I, or my dependents, must wait until the next open enrollment period to re-elect coverage. If I am not covered by The Navigators Healthcare plan and must travel on Navigators business outside my country of residence, I am required to obtain international medical insurance through The Navigators.

I have submitted proof of insurance.

EMPLOYEE SIGNATURE

DATE