



LEECH LAKE BAND of OJIBWE

Notice of HIPAA Special Enrollment Rights

On or before the time an employee is offered the opportunity to enroll in a group health plan, the plan is required to provide the employee with a description of the plan's special enrollment rules.

If you are declining enrollment in the Leech Lake Band of Ojibwe Medical and/or Dental Plan 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 dependents in this plan, ***provided that you request enrollment within 30 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 may be able to enroll yourself and your dependents, ***provided that you request enrollment within 30 days after the marriage, birth, adoption, or placement for adoption.***

Employee Sign-off of Declination Statement

I have read and understand the above notification. I understand that, if I decline plan coverage, I will only be able to obtain such coverage upon the plan's open enrollment period (December for January 1) or because of one of the events listed above.

I am declining health care coverage under the company plan due to the following reason(s):

Print Name: _____

Signature: _____ Date: _____

Social Security Number: _____