

**TRS-ActiveCare
DECLINATION CERTIFICATION
Group #085000
Mesquite ISD
TRS #0898**

This is to certify that the available health coverage has been explained to me. I have been given the opportunity to apply for the coverage offered to me and my eligible dependents and have voluntarily elected to decline the coverage as indicated below. If I desire to apply for coverage at a later date, I understand there may be a delay in the effective date of the coverage as well as a preexisting condition exclusion period (not applicable to HMO coverage). Effective September 1, 2011, a preexisting condition waiting period is not applicable for any individual under the age of 19.

Employee Name: _____ SSN: _____

New Hire Actively-at-work Date: _____ (to be completed if a New Hire)

Open Enrollment for Plan Year: _____

<input type="checkbox"/> I am enrolling myself and declining coverage for those listed below.	<input type="checkbox"/> I am declining coverage for myself and my spouse/dependents.
X	Employee name: _____ Reason for declining: <input type="checkbox"/> Other Group Coverage <input type="checkbox"/> Medicare <input type="checkbox"/> Medicaid <input type="checkbox"/> Other, explain: _____
Spouse name: _____ Reason for declining: <input type="checkbox"/> Other Group Coverage <input type="checkbox"/> Medicare <input type="checkbox"/> Medicaid <input type="checkbox"/> Other, explain: _____	Spouse name: _____ Reason for declining: <input type="checkbox"/> Other Group Coverage <input type="checkbox"/> Medicare <input type="checkbox"/> Medicaid <input type="checkbox"/> Other, explain: _____
Dependent Child name: _____ Reason for declining: <input type="checkbox"/> Other Group Coverage <input type="checkbox"/> Medicare <input type="checkbox"/> Medicaid <input type="checkbox"/> Other, explain: _____	Dependent Child name: _____ Reason for declining: <input type="checkbox"/> Other Group Coverage <input type="checkbox"/> Medicare <input type="checkbox"/> Medicaid <input type="checkbox"/> Other, explain: _____
Dependent Child name: _____ Reason for declining: <input type="checkbox"/> Other Group Coverage <input type="checkbox"/> Medicare <input type="checkbox"/> Medicaid <input type="checkbox"/> Other, explain: _____	Dependent Child name: _____ Reason for declining: <input type="checkbox"/> Other Group Coverage <input type="checkbox"/> Medicare <input type="checkbox"/> Medicaid <input type="checkbox"/> Other, explain: _____
Dependent Child name: _____ Reason for declining: <input type="checkbox"/> Other Group Coverage <input type="checkbox"/> Medicare <input type="checkbox"/> Medicaid <input type="checkbox"/> Other, explain: _____	Dependent Child name: _____ Reason for declining: <input type="checkbox"/> Other Group Coverage <input type="checkbox"/> Medicare <input type="checkbox"/> Medicaid <input type="checkbox"/> Other, explain: _____
Dependent Child name: _____ Reason for declining: <input type="checkbox"/> Other Group Coverage <input type="checkbox"/> Medicare <input type="checkbox"/> Medicaid <input type="checkbox"/> Other, explain: _____	Dependent Child name: _____ Reason for declining: <input type="checkbox"/> Other Group Coverage <input type="checkbox"/> Medicare <input type="checkbox"/> Medicaid <input type="checkbox"/> Other, explain: _____

Signature: _____ Date: _____

**Please mail completed form to:
Mesquite ISD – Benefits Office
405 E Davis St
Mesquite, TX 75149**