



# Somerset and Somerset Berkley Regional School Districts

*All Students Achieving Excellence*

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## HEALTH INSURANCE DECLINATION FORM

I hereby certify that I have been given an opportunity to participate in the Health Insurance Program offered by the Somerset Health Plan Group with coverage in Blue Cross Blue Shield.

I understand this opportunity and decline to participate in this program. By signing below, I will not be able enroll until Open Enrollment or a qualifying event takes place.

Date: \_\_\_\_\_

Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Are you covered under a group plan with another carrier?

Yes \_\_\_\_\_

No \_\_\_\_\_

If yes: Company Name \_\_\_\_\_

Carrier \_\_\_\_\_