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## CIGNA HealthCare Medical Waiver

If you are declining enrollment for yourself or your dependents (including your spouse) under the CIGNA Healthcare Medical Plan because you have other health coverage, you may in the future be able to enroll yourself or your dependents in this plan, provided that you request enrollment **within 30 days** after your other coverage involuntarily ends.

In addition, if you are not enrolled under your employer's group health plan and 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.

If you are declining coverage, please check one of the following reasons:

- ☐ I am declining coverage under my employer's group health plan because I have other coverage
- ☐ I am declining coverage and I choose not to participate

***I do not want to enroll in Yurcor's Health Insurance Plan.***

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date