

Employee #:

GROUP MEDICAL PLAN WAIVER FORM

Name:	Employee #:
You now have the opportunity to enroll for 2025 group medical coverage in the Dakota 911 medical plan effective January 1st, 2025. If you do not enroll yourself and any eligible dependents by the close of open enrollment, November 10th, 2024, your next opportunity to enroll will be during the next annual enrollment period in November, 2025 with coverage effective the following January 1st unless you qualify for a special enrollment (see below).	
In addition to special enrollment rights you may be able certain "change in status" events that are permitted by the 911 Medical Plan.	- · · · · · · · · · · · · · · · · · · ·
Special Enrollments	
If you are declining enrollment for yourself and/or you because of other group medical coverage, you may dependents in this plan if you or your dependents lose employer stops contributing towards your or your deprequest enrollment within 30 days after your other coverage towards the other coverage. You must contain the bottom of this form.	be able to enroll yourself and/or your ligibility for that other coverage or if the pendent's coverage. However, you must verage ends or after the employer stops
In addition, if you have a new dependent as the result of a adoption you may be able to enroll yourself and/or your enrollment within 30 days after the marriage, birth, adopt special enrollment or to obtain more information, please listed at the bottom of this form.	dependent(s). However, you must request ion or placement for adoption. To request
☐ Check here if you are covered by other group medical	coverage.
Name of Plan:	
\Box Check here if your dependents are covered by other group medical coverage.	
Name of Plan:	
☐ The other coverage is the reason for not enrolling my the Dakota 911 Medical Plan.	self and/or my eligible dependents under
I understand that by not enrolling in plan coverage now, t explained above.	he opportunity to enroll later is limited as
Signature	Date