

# NASCC CORPSMEMBER INSURANCE PROGRAM WAIVER OF COVERAGE FORM

**Please note:** A photocopy of your ID card from your other insurance carrier must accompany this form.

Name of Group \_\_\_\_\_ Group # \_\_\_\_\_

Name of Participant \_\_\_\_\_

Date of Birth \_\_\_\_\_ Social Security # \_\_\_\_\_

I have been offered coverage under the NASCC Insurance plan, but I am declining coverage because:

\_\_\_\_\_ I am already covered by another plan as a subscriber or a dependant.

Insurance Company \_\_\_\_\_ Policy # \_\_\_\_\_

\_\_\_\_\_ Other: Please Explain \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

I understand that the only reason I will be able to obtain coverage under this plan in the future is if, through no fault of my own, I lose my other coverage and I apply for the plan within 31 days of the loss.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date