



SOLANO AND NAPA COUNTIES
ELECTRICAL WORKERS BENEFIT FUNDS



Waiver of Kaiser Coverage (Self Procured Coverage)

Per page 22 of the Summary Plan Description, “An employee may, during open enrollment or any period of Special Enrollment elect to waive Kaiser coverage under the Plan and instead elect to obtain their own coverage and be reimbursed by the Plan in an amount which is the lesser of the cost of the Kaiser premium or the actual cost of the coverage obtained by the participant.”

“Once coverage has been waived it can only be elected again during open enrollment. If a participant has waived coverage and thereafter loses alternate coverage said loss of coverage will not be considered a “qualifying event” under COBRA. Therefore, COBRA continuation rights under the Plan will not be available. The Plan will be held harmless from any liability incurred as a result of the need for medical treatment required or incurred by the participant and his or her dependents, if any, while on self procured coverage.”

By signing this form, I am requesting to waive the Kaiser plan and will obtain my own self procured coverage. I understand that I will provide proof of the other coverage and payment in order to receive reimbursement on a quarterly basis after eligibility has been verified. The change will be effective on the first day of the following month after this form has been received by the Trust Office.

Member's First and Last Name	Signature	Date
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Spouse's First and Last Name	Signature	Date
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