



Michigan Electrical Employees' Health Plan
3001 Metro Dr. Suite 500 • Bloomington, MN 55425



WAIVER OF PARTICIPATION

The undersigned, being a non-bargaining unit employee of _____
_____ (the "Employer")
hereby elects to waive participation in the Michigan Electrical Employees Health Plan (the
"Plan"). I hereby certify that I have other health care coverage as a dependent under my spouse's
group health plan.

I acknowledge that I have received a copy of the booklet explaining benefits provided by the
Plan and that, except for this waiver, coverage would be effective for me and my dependents as
of _____, 20__.

I may elect to enroll in the Plan at a later date by writing to the Plan Office and completing an
enrollment form. I understand that my covered dependents and I will not have coverage for a
preexisting condition for the 6-month period beginning on the effective date of Plan coverage.
The preexisting condition limit does not apply to individuals under age 19 on or after
September 1, 2012. However, any period of creditable coverage can be used to reduce the
period of the preexisting condition limitation. Creditable coverage is explained in the Plan's
Summary Plan Description (page 50).

I hereby acknowledge that I have read this statement, that I have considered its contents and the
consequences thereof and that I agree to sign it of my own free will without coercion of any
form.

Signed this _____ day of _____, 20__.

Typed Name of Employee

Employee's Signature

Witness