Suspension of Group Health Benefit Coverage

Election to suspend coverage: If you are covered under the Plan after meeting the eligibility requirements and the enrollment requirements, you may elect to suspend your coverage if you obtain other valid health plan coverage through an employer. You may suspend Plan coverage any time that you become employed and have other valid health coverage. If you elect to suspend coverage, your Dependents' coverage will also be suspended. You may be required to present document proving validity of other health coverage.

Reinstatement of Coverage: You may reinstate suspended coverage under this Plan when you are no longer employed and do not have other health plan coverage through your employer. You must reenroll in the Plan by filing a completed enrollment form with the Cook County Pension Fund no later than 30 days after your other health plan coverage ends. Coverage for Dependents will be reinstated along with your coverage.

I hereby elect to suspend coverage of the Group Health Benefit for:

□ All Plan Participants

□ Only Listed Dependent(s): Dependent Name _____

Dependent Name _____

Dependent Name _____

I understand that any bills for services after the qualifying event will be denied *and* reimbursement to the insurance carrier may be necessary.

Name: _____

Date: _____

Signature: _____

Suspension Effective: _____

Social Security #: _____

FOR OFFICE USE ONLY:

QE Type: _____ Effective Date: _____

Reactivation Date: _____ Approved by: _____

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