



Commerce Benefits Group

COMMERCE BENEFITS GROUP
PO BOX 900
ELYRIA, OHIO 44036
Phone: 800-223-9941 ● Fax: (440) 930-7501

GROUP SIZE
51+

INSTRUCTIONS

- Please print clearly using a blue or black pen
- **New hires, late entrants and dependent additions - complete the entire application and medical history questionnaire. (Based on enrollment guidelines)**
- **Other changes - only complete the areas that apply to your change. E.G. Deleting dependent(s), address changes, physician changes**
- If waiving coverage, complete waiver area
- Please disclose all medical conditions
- Applicant must provide proof of full-time student status for dependents ages 19-23
- Proof of financial responsibility must be provided for dependents whose last names are different than applicant
- If you or your family members are covered by more than one health care plan, you may not be able to collect benefits from both plans. Each plan may require you to follow its rules or use specific doctors and hospitals, and it may be impossible to comply with both plans at the same time. Before you enroll in this plan, read all of the rules very carefully and compare them with the rules of any other plan that covers you or your family. (Ohio Admin, Code Section 3901-1-56)
- If currently on COBRA, provide original COBRA election form

WAIVER

Check One Box in Section A and Complete Sections B & C

A. Waived Coverages: I am waiving coverage on the following: (Check One)

- HEALTH and LIFE through Cardinal Health Plan
- HEALTH through Cardinal
- LIFE through Cardinal
- HEALTH through Cardinal for the following dependents only: (Remember to complete the rest of this application)

1) _____ 2) _____ 3) _____ 4) _____ 5) _____

B. Current Health Coverage Status: I have ...(Check One)

- Coverage through my Current Employer: Other Insurance Company Name: _____
- Coverage through my Spouse's Employer:

Spouse's Company Name Spouse's Name Spouse's Social Security #

- Other Coverage No Coverage Other Coverage: _____

C. Authorization: The terms of this waiver are explained in the Explanation of Waiver section on the back page. I have read and understand those terms.

Current Employer's Name: _____

Print Employee Name: _____ Employee Social Security # _____

Print Spouse Name: _____ Spouse Social Security #: _____

Signature of Employee: _____ Date: _____