



NOTICE OF SPECIAL ENROLLMENT

If you are declining enrollment in Western Michigan University's health insurance program for yourself and/or your dependents (including your spouse) because of other health insurance coverage, please be aware that you and/or your dependents may be eligible for future enrollment in Western's program, provided you request enrollment within thirty-one (31) days following the termination of your other coverage.

In addition, if you have a new dependent as a result of marriage, birth, adoption/adoption placement or a Designated Eligible Individual (DEI) event, you may be able to enroll your dependent in Western's health insurance program as long as you request enrollment and provide the required supporting documents within thirty-one (31) days following the event.

You may also enroll yourself and/or dependents in WMU's health insurance program during an annual open enrollment period.

I acknowledge the receipt of this special enrollment notice.

Signature

Date

PRINT name

Employee ID