

The Waggoners Trucking  
EBMS Removal of Dependent Coverage

Employee Name \_\_\_\_\_

Employee Soc Sec # \_\_\_\_\_

Names of dependants to be removed from coverage.

Name	Relationship
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Reason for removal of coverage \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Do dependants have other insurance? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, name of insurance company \_\_\_\_\_

If employee fails to provide the above information, the employee certifies that he/she has other medical coverage for dependants.

\_\_\_\_\_  
Signature of employee

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date received (office only)

\_\_\_\_\_  
Effective date (office only)

Coverage will be canceled the last day of the month that form is received in Billings Payroll Department.

The Waggoners Trucking does not have open enrollment for health insurance, if dependants are removed from coverage, they may not be able to be placed back on to the plan. Special enrollments are available for: loss of other coverage, marriage, birth, and adoption. The Waggoners Trucking must be notified of special enrollment situations within 30 days.