



DENIAL OF HEALTH INSURANCE

It has been explained to me that I or any qualified dependent could possibly be denied health insurance through the City of Clinton's Insurance program. In the event that coverage is denied, I understand that if I feel my health condition for which determined the denial or the health condition of my qualified dependent for which they were denied insurance has improved, I may reapply every three (3) months following the notice of denial. It has been explained to me that to reapply, I will need to complete an Evidence of Insurability form for me and/or my qualified dependent(s). Approval or Denial of the health insurance coverage is the sole decision of the health plan's third party administrator and that reapplying for health insurance does not guarantee coverage for me and/or my qualified dependent.

Employee

Date