

NHRMC Healthy Lifestyles Plan

2018 Healthy Lifestyles Plan Opt Out Form

Important: You must submit this form within 60 days of your effective date of your coverage if you do not want to participate in the Healthy Lifestyles Plan. **Coverage begins:** _____

SUBSCRIBER INFORMATION:

Last Name: _____ First Name: _____

Date of Birth (MM/DD/YYYY): _____ Last 4 SS#: _____

Street Address: _____

City: _____ State: _____ ZIP code: _____

Telephone Number: (____) _____

Reason for Opting-Out (check all that apply):

I am not diabetic or pre-diabetic

I do not have hypertension

I do not understand the plan

I do not see the value in the plan

Participation in the plan is too time consuming

Other _____

By completing and signing this form, I am electing to **opt-out of** the Healthy Lifestyles Plan, even though I and/or a member of my family are determined to be eligible for the plan. I understand that by electing to opt-out, I/we will not receive the enhanced benefits available only to those members who participate in the Healthy Lifestyles Plan.

If I and/or a family member are determined to be eligible for the Healthy Lifestyles Plan and this signed form is not received by the Healthy Lifestyles Plan Administrator by the deadline date, I understand that I and any covered family members will be enrolled in the Healthy Lifestyles Plan.

Member Signature: _____ Date: _____

Fax your completed form to 910.667.5969, or mail to:

NHRMC HR Benefits
Attn: Tina Marie Medlin, Health Lifestyles Plan Administrator
PO Box 2318
Wilmington, NC 28401