



**LS&Co. RETIREE WELFARE PLAN CHANGE REQUEST FORM
Waive Coverage**

Please note that the effective date of the change will be the first of the month following the date that the form is received by LS&Co. AskHR. If you have any questions, please call LS&Co. Ask HR at 1-844-474-5384.

Retiree Name:	Employee ID Number:
Address:	Telephone:

REQUEST TO WAIVE MEDICAL, RX AND/OR DENTAL BENEFITS COVERAGE:

I elect to **WAIVE** coverage under the LS&Co. Retiree Welfare Plan:

STEP 1. For the following reason (Please choose one):

Group Health Plan Coverage Through Another Employer

- I am eligible for coverage through another employer
 My spouse/domestic partner/dependent child is eligible for coverage through their employer
 We are all eligible for coverage through another employer

Medicare Part D Prescription Drug Coverage

- I am enrolled in a Medicare Part D plan
 My spouse/domestic partner is enrolled in a Medicare Part D plan

STEP 2. Coverage to waive (Please choose one):

- Waive Medical/RX
 Waive Dental
 Waive Medical/RX and Dental

For: **Myself** **My dependent Spouse/Domestic Partner** **My dependent child(ren)**

Dependent 1 name _____ Dependent 2 name _____

Please note: Retiree must be enrolled to cover dependent

STEP 3. I understand I am **WAIVING** this coverage due to the reason set forth above. I understand and acknowledge that if I elect to waive my retiree health coverage under the Retiree Welfare Plan due to my enrollment in other coverage, I may reinstate coverage for myself and my eligible dependents under the Retiree Welfare Plan only one time following such suspension; provided I notify LS&Co. Ask HR within thirty-one (31) days of the date my coverage ends. I further understand and acknowledge that my participation in the Retiree Welfare Plan will permanently cease if I again re-elect to waive my benefits after such one-time reinstatement.

Signature _____

Date _____

**Mail this form to: LS&Co. Ask HR,
Attention: Ask HR,
P.O. Box 2079,
Fort Lee, NJ 07024-2079**

**Fax to: 415-978-9853
Email to: askHR@levi.com**