



Carrier	Valid Waivers	Invalid Waivers
	<ul style="list-style-type: none"> • Covered by Spouse's/ Domestic Partner's group coverage • Enrolled in other Insurance (Please provide company name and plan) • Spouse/Domestic Partner covered by employer's group medical Coverage • Medicare/Medicaid/VA • Enrolled in Individual Coverage 	<ul style="list-style-type: none"> • Other – please explain • No coverage
	<ul style="list-style-type: none"> (Must provide copy of Medical ID for other coverage) • Covered by spouse/domestic partner's group coverage • Enrolled in other Insurance Carrier Plans • Spouse/Domestic Partner covered by employer's group medical coverage • Spouse/Domestic Partner covered by employer's group dental coverage • Medicare • Covered by TRICARE OR CHAMPVA 	<ul style="list-style-type: none"> • Indian Health Services • Other (explain)

This guide has been created as a quick reference and does not replace the full underwriting guidelines published by each carrier. Please refer to the carrier guidelines for additional information.