

WAIVER OF HEALTH COVERAGE 202

Employee Name

Campus ID

REASON FOR DECLINING GROUP HEALTH COVERAGE

, KDYH EHHQ R[HUHG FRYHUDJH XQG HU WKHURXS%KHOMKUSODQXQYBWXQ
GHFOLQH FRYHUDJH IRU WKH IROORZLQJ UHDVRQ VHOHFW RQH

, KDYH FRYHUDJH XQG HU DQRWKHU JURXS KHDOWK SODQ

, KDYH FRYHUDJH XQG HU DQ LQGLYLGXDO KHDOWK SODQ

2WKHU SOHDVH H[SODLQ

PROVIDE THE FOLLOWING INFORMATION

1DPH RI 2WKHU (PSOR\HU RU *URXS 3URYLGLQJ &RYHUDJH

,QVXUDQFH &RPSDQ\ 3URYLGLQJ &RYHUDJH 3OHDVH DWWDFK FRS\ RI LQV

1DPH RI 3ULPDU\ 6XEVFULEHU

ACKNOWLEDGEMENT

i© WKDW VKRXOG D TXDOLI\LQJ HYHQW RFFXU , PXVW QRWLI\ +XPDQ 5HV

EH UHTXLUHG WR ZDLW XQWLO WKH QH[W RSHQ HQUROOPHQW SHULRG WR

FRYHUDJH WKURXJK WKH &68/% 5HVHDFK)RXQGDWLRQ DQG IDLO WR REWD

XQGHU WKH \$RUGDEOH &DUH \$FW