



Albion College

Group Health Insurance Plan Employee Waiver Form

Eligible Albion College employees have the option to opt-out of the Albion College Group Health Insurance Plan, provided that you present proof of other health insurance coverage to the Human Resources Office with a completed Employee Waiver Form.

If you choose to waive the Albion College Group Health Insurance Plan and provide adequate proof (i.e. insurance card or other similar documentation) of other health insurance coverage, you may be eligible to receive up to \$100 per month (less if covered by College dental plan).

At a later point, if you wish to enroll into the Albion College Group Health Insurance Plan, you may do so during an open enrollment period only, or at any time when a loss of coverage occurs due to a life change, (provided enrollment is completed within 30 days of loss of coverage).

Please Print Employee Full Name:

I am waiving insurance coverage offered through Albion College for the reason indicated below.

Effective Date: _____

I have my own individual coverage.

Carrier Name: _____
Policy Number: _____
Coverage duration through (date): _____

I am covered under another group health program (self, spouse, parent, etc.)

Carrier Name: _____
Policy Number: _____
Policy Holder Name: _____
Relationship to Employee: _____
Coverage duration through (date): _____

Employee Signature

Date

OFFICE USE ONLY

Previous Insurance plan _____ Date Cancelled _____
Payroll Notified _____ BCBS Notified _____
Comments: _____
