

## 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 insurance plan(s) and provide adequate proof (i.e. insurance card or other similar documentation) of other coverage, you may be eligible to receive the following opt out payment:

• \$100/month

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 or when a loss of coverage occurs due to a qualifying life event (enrollment must be completed within 30 days of loss of coverage).

## **EMPLOYEE INFORMATION**

Employee Full Name				
Effective Date				
I am waiving insurance coverage offered through Albion College for the reason indicated (check one)				
	_ Ih	ave my ov	n individual coverage	
	☐ I am covered under another group health program (self, spouse, parent, etc.)			
COVERAGE DETAILS (please also attach copy of insurance card)				
Carrier Name				
Policy Number				
Policy Holder Name				
Relationship to Employee				
Coverage duration through (enter a date or ongoing)				
•	<i>C C</i> .			
Signature (Type	d Signature	Acceptab	e) Date	