

# Dental Waiver Form Civil Service Staff



Name	
Position	

I acknowledge I have been offered the opportunity to enroll myself and eligible family members in Genesee Community College's Group Dental Plan. By signing this waiver, I agree to waive/terminate my dental insurance option with the college.

If, at a future date, I choose to join/re-join the dental insurance plan with the college, I will be subject to the same limitations and provisions that apply to new members who enroll in the plans at such date.

Employee Signature	_____	Date	_____
Human Resources Signature	_____	Date	_____