

Health/Dental Insurance Waiver Form Professional Staff



Name	
Position	

I acknowledge I have been offered the opportunity to enroll myself and eligible family members in Genesee Community College's Group Health Plan and Dental Plan. By signing this waiver, I agree to waive/terminate my health and dental insurance option with the college. I will present with this form satisfactory evidence of alternative health insurance coverage.

If, at a future date, I choose to join/re-join the health and dental insurance plans 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.

Please select one of the following as evidence:

- Original membership card from a health insurance provider
- Letter from spouse's or other individual's employer attesting to coverage
- Letter from spouse's or other individual's health insurance provider attesting to coverage

Employee Signature	_____	Date	_____
Human Resources Signature	_____	Date	_____