

Hampden-Sydney College

Election Not to Participate

Employee Name: _____

Hire Date: _____

As an eligible employee I understand that group health benefits are available to me. I acknowledge that I have received the information on all plans listed below.

I elect to decline the following insurance coverage offered by Hampden-Sydney College for myself and all of my dependents.

_____ Medical Coverage

Please indicate the reason you waived **Medical Coverage**:

- A. I have coverage through another source such as my spouse's employer.
- B. Other, please provide a brief description. _____
- C. Prefer not to answer.

_____ Dental Coverage

_____ Vision Coverage

I understand that full-time employees become eligible for subsidized participation in these health insurance plans on the first day of the month coincident with or next month following the first day of full-time employment. Further, I understand that if I have a change in family status and lose benefits elsewhere or add a dependent by marriage, birth or adoption, or death (known as a qualifying event), these insurance coverages may be extended to me provided I provide the Human Resources Department with written notice within 30 days following the qualifying event.

Additionally, open enrollment is the time period during which eligible employees are allowed to enroll in these health plans for the upcoming plan year. Eligible employees will be able to waive, enroll or change benefits during open enrollment (generally in the fall) for the upcoming plan year which begins on the next January 1st.

I understand that this waiver of participation will remain effective until it is revoked and that it may only be revoked within 30 days following a qualifying event or during open enrollment.

Employee Signature

Date