



MEDICAL/DENTAL/VISION WAIVER

I am declining Medical Insurance at this time _____

I am declining Dental Insurance at this time* _____

I am declining Vision Insurance at this time* _____

Print Name

Signature

Date

*If Medical insurance is taken without Dental and Vision Insurance, you will not be able to enroll in the Dental and Vision plan until the next Open Enrollment, which is the month of June with a July 1 effective date