



2022 Benefit Waiver Overview

Waiver of election. I have reviewed the Group Medical, Dental, and Vision Plan offers and at this time I am waiving my right to election. If you refuse coverage for yourself then you automatically refuse coverage for your dependents. If you refuse coverage now, and later request to add that benefit, entry restrictions may apply.

I choose to waive the following benefits:

MEDICAL ☐ DENTAL ☐ VISION ☐

Signature _____ Date _____

All Employees Complete:

Name _____

Street Address _____

City _____ State _____ Zip Code _____