

Health Insurance Waiver



Last Name: _____

First Name, M.I.: _____

Waiving/Terminating Health Insurance Coverage:

I hereby waive Archer & Greiner's Health Insurance coverage for the following reason:

SIGNATURE

DATE

Terminating Additional Insurances:

I would like to terminate the following insurances effective ____ / ____ / ____.

***Effective date:** the last day of the month in which coverage terminates

- Delta Dental Insurance
- NVA Vision Insurance

To be completed by the Benefits Department

Date Received

Initials