

## 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:

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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

- ☐ MetLife Dental Insurance
- ☐ NVA Vision Insurance

To be completed by the Benefits Department

\_\_\_\_\_  
Date Received

\_\_\_\_\_  
Initials