

Health Insurance Opt-Out Benefit Form

Umatilla-Morrow County Head Start, Inc.

Medical Plan Waiver Form
Plan Year October 1, 2015 – September 30, 2016

Employee Name: _____

I decline coverage through Umatilla-Morrow County Head Start's group health plan for the Plan Year beginning on October 1, 2015 and ending on September 30, 2016. (please mark box)

I understand that I cannot revoke or change this election during the Plan Year unless I have a qualifying change in family and/or job status and that change is consistent with my change of election. I may then revoke my prior election and sign a new agreement if a change in election even occurs. In exchange for my waiver of health care coverage I am allowing, Umatilla-Morrow County Head Start to issue **\$89.50 per pay period (if you are considered a 31-40 hours per week)** or **\$67.50 per pay period (if you are considered a 20-30 hours per week employee)** (24 pay periods per plan year) on my paycheck as taxable gross income.

Name of Alternate Insurance Provider _____

Employee Signature: _____ Date: _____

Fiscal/HR Staff Only	
HR Director Signature _____	Date _____
Waiver received on _____	by _____ Fiscal Staff
Election entered into Financial Edge on _____	by _____ Fiscal Staff