

Health Insurance Participation Refusal

Date:

Name:

Employee ID:

Department:

I hereby confirm that I have been offered the opportunity to participate in the company's health insurance plan. However, I voluntarily decline to participate in the health insurance program at this time. I understand the consequences of my decision and acknowledge that I may only be able to enroll during the next open enrollment period or if I experience a qualifying life event.

Reason for Refusal (optional):

Signature:

Date: