

Voluntary Refusal of Insurance Coverage Form

I, , hereby voluntarily decline the offer of insurance coverage provided by
.

Date:

Reason for Refusal (optional):

I acknowledge that I have been given the opportunity to enroll in the insurance coverage provided by my employer and I am declining coverage at this time. I understand that if I wish to enroll at a later date, I may be subject to the plan's enrollment and eligibility requirements.

Employee Signature:

Date Signed: