

## 2008 WAIVER OF COVERAGE ELECTION FORM

Please read carefully and **complete all sections** of this form.

### A. Personal Information

Print Name (Last, First, Middle Initial):	Date of Birth (MM/DD/YYYY)
Banner ID	Office Extension

### B. Certification of Medical Coverage

<p>I am waiving medical insurance provided through Lawrence Technological University. I certify that I have <b>medical insurance</b> coverage provided elsewhere for the plan year January 1, 2008 through December 31, 2008.</p> <p>My medical plan name is _____</p> <p>My insurance numbers are _____</p>
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### C. Select Plan

Plan options	Complete and return	Opt out cash
<input type="checkbox"/> Plan 1: Medical opt out	ADN Dental and EyeMed Vision Enrollment forms	\$25.00 per pay
<input type="checkbox"/> Plan 2: Medical, dental and vision opt out	Return this form	\$30.00 per pay

#### I understand the following by waiving Lawrence Tech's coverage:

- In lieu of coverage, I will be paid opt out cash per pay period based on my selection indicated above. By selecting Plan 1, I am opting out of medical coverage only. Further, I have completed the ADN Dental and EyeMed Vision enrollment forms. By selecting Plan 2, I am opting out of medical, dental and vision coverage.
- This option is a taxable benefit and is subject to FICA, federal, state and city tax. The amount deducted for taxes depends on individual circumstances. Calculations will not be provided prior to actual payment.
- If during the plan year I lose my other medical coverage and want to establish coverage through LTU, I must notify the Office of Human Resources within 30 days of lost coverage. I will be required to provide proof of lost coverage (i.e., insurance cancellation notice, divorce decree, etc.).
- This election binds me for the entire plan year January 1, 2008 – December 31, 2008. Therefore my benefit election cannot be changed unless a status change occurs.<sup>1</sup> These changes must be reported to the Office of Human Resources within 30 days of occurrence in order to be allowed to select different benefits options.
- I terminate employment during the plan year will; I forfeit any remaining waiver opt out fee.

**Based on this election, I authorize the appropriate payroll adjustments accordingly.**

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date

<sup>1</sup> Status changes include change in marital status, birth or adoption, death of a spouse or dependent, termination of spouse's employment, switch from full-time to part-time employment and vice versa by employee or employee's spouse and change in dependent eligibility.