

Health Insurance Waiver

In order to provide healthcare value for eligible employees of Willamette University who do not need the University-sponsored health coverage, the University offers those who voluntarily choose to opt out of health coverage the option of a \$100 monthly employer contribution to the medical flexible spending account. This contribution is non-taxable income and provides for payment of out-of-pocket medical expenses. Please see specific information on the flexible spending account for further information concerning what expenses may be paid with flexible spending dollars and how funds may be accessed.

If you wish to opt out of the University Health Insurance program, please complete the information below:

Date: _____ Employee Name: _____

Dept.: _____ Status: FT PT

Name of Other Health Insurance Plan: _____

Plan Source: Spouse / Domestic Partner Health Insurance

Individual Plan

Other _____

I, the undersigned, hereby waive the right to health insurance provided through Willamette University. The advantages of the medical benefits have been explained to me, and I willingly decline enrollment because I have coverage through another source. I understand I may only revoke this election and enroll in University-sponsored health insurance by providing proof of loss of coverage within 31 days of such event. In exchange for my opt out, I understand I will receive up to \$100 monthly in medical flexible spending contributions that will be forfeited if I do not use them within the plan year, including any applicable carry over period.

Signature

Date