



## Employee Waiver of Coverage

EMPLOYER: \_\_\_\_\_

EMPLOYER PHONE: \_\_\_\_\_

I have been given the opportunity to apply for health care coverage in the Health Alliance Plan Program offered to me by my employer. After serious consideration, I have decided not to apply for health care coverage in this program for the following reason:

- I have health care coverage under my spouse's health care coverage program.
- I have health care coverage from a previous employer as a Retiree.
- I am choosing not to elect health care coverage at this time due to affordability.

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Employee Name (please print)