

WAIVER OF PARTICIPATION

I hereby acknowledge that I have been offered the opportunity to participate and to be covered by the Health, Dental and Vision plans through Tulsa Public Schools. With full understanding I knowingly and willingly decline to participate for myself and all eligible dependents (including my spouse). I may in the future be able to enroll myself and/or my dependents in one of these plans providing there is a qualifying event.

The election of coverage after the initial enrollment period can only be added during the established annual Option Period.

This waiver of coverage shall be individual choice with full knowledge of the restrictions and limitations.

Employee

Name: _____ Date _____

Employee

Signature _____

Social Security Number: _____

Job Title: _____ Hire Date _____

Clock ID Number _____

Benefits Coordinator _____

****Complete only if you are not enrolling in insurance coverage.**