



## Oneida-Herkimer-Madison BOCES

P.O. Box 70 • 4747 Middle Settlement Road • New Hartford, NY 13413-0070  
www.oneida-boces.org

### INSURANCE DECLINATION FORM

\_\_\_\_\_ I do not wish to enroll in the Oneida-Herkimer-Madison BOCES health insurance plan at this time.

\_\_\_\_\_ I do not wish to enroll in the Oneida-Herkimer-Madison BOCES dental insurance plan at this time.

I understand that by declining to enroll:

- I may subject myself and my eligible dependents to certain applicable waiting periods if I decide to enroll at a later date.
- I may be forfeiting the right to such coverage upon my retirement.
- I will need to remain eligible for benefits if I wish to enroll at a later date.

Employee: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_