

**HEALTH INSURANCE WAIVER**

On this \_\_\_\_\_ day of \_\_\_\_\_ 201\_

I \_\_\_\_\_ do hereby elect to waive health insurance coverage provided by Barnard College.

I understand that I may terminate this waiver and elect coverage if there is a change in my spouse's employment status that results in a loss of coverage.

Signed \_\_\_\_\_  
Employee

Agreed to \_\_\_\_\_  
Benefits Manager

Proof of Coverage \_\_\_\_\_  
Name of Alternate Insurance Carrier

\_\_\_\_\_  
Effective Date of Coverage