

Job1USA Waiver Form

_____ (Initials) Enrollment Declination Minimal Essential Coverage

I hereby elect not to enroll myself and/or family (if applicable) in the coverage available through Reliance Standard Life Insurance Company.

I understand I am waiving the following coverage:

BasicAdvantage Total Coverage

Essential Coverage

Dental Coverage

Term Life/Short Term Disability Coverage

I understand that I will only be eligible to enroll for the group coverage during the next open enrollment or if a qualifying life event occurs during the plan year.

_____ (Initials) Enrollment Eligibility

I hereby understand that after 90 days of employment with Job1USA and working an average of 30 hours per week, I may qualify to enroll in the Minimal Essential Coverage. I further understand that I must self enroll using the call in or online enrollment process. If I fail to self enroll, it will be determined that I have elected to decline the coverage.

Name: _____
(Print)

Last Four digits of Social Security No: _____

Signature: _____

Date: _____

Please complete this form, sign/date, and mail or fax to: Job1USA Attn:

**Ann Hager
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Toledo, OH 43603-1480**

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