Health Insurance Opt-Out

I certify that I have been given the option to enroll in [Company Name’s] group health plan. However, at this time, I choose to decline coverage. I acknowledge that as a result of declining coverage, I forfeit all rights to coverage otherwise available to me under the Company’s group health plan. I understand that I may not enroll in the Company’s health insurance plan until the next open enrollment period, at which time I may elect coverage under the Company’s group health plan.

Employee Signature:

Printed Name:

Date: