

# 2008 Health Plan Waiver

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If you are a full or part time benefited employee and can provide proof of other health coverage, you have the option to waive your medical coverage and receive \$100.00 (less taxes) per month for full time or \$50.00 (less taxes) per month for part time. Waiver will be given the first paycheck of every month.

**These are the guidelines for waiving your medical coverage:**

1. Waiver of Health Coverage must be completed each Annual Enrollment period along with a copy of your health insurance card. Waivers will be processed when received and not given retroactively.
2. New employees may waive coverage at the time of New Hire Enrollment, if they can provide proof of coverage of the other medical plan.
3. Employees who currently are covered on the WMMC medical plan can waive their health coverage if they become eligible for coverage under another plan. Waiver must be received within 31 days of new coverage.

I, \_\_\_\_\_ (please print) wish to waive my WMMC Health Coverage.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
I.D. #

\_\_\_\_\_  
Date

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HR USE ONLY:

Approved:

Effective: \_\_\_\_\_

Denied:

Reason: \_\_\_\_\_