

City of Hartford

Department of Human Resources
Benefit Administration
550 Main Street\Room 005D
Hartford, Connecticut 06103
(860) 757-9860
Fax (860) 722-6216

GROUP HEALTH AND/OR LIFE INSURANCE WAIVER

HEALTH INSURANCE:

- WAIVER OF INSURANCE: I DO NOT WISH TO REQUEST INSURANCE UNDER THE GROUP POLICY OFFERED BY MY EMPLOYER.

NOTE: YOU MUST ATTACH A COPY OF YOUR ALTERNATE INSURANCE INFORMATION IF YOU HAVE ELECTED TO WAIVE THE MEDICAL INSURANCE. FAILURE TO DO SO, WILL JEOPARDIZE YOUR PAYMENT IN LIEU OF STATUS.

LIFE AND ACCIDENTAL DEATH AND DISMEMBERMENT INSURANCE:

- INSURANCE WAIVER: I DO NOT WISH TO REQUEST INSURANCE UNDER THE GROUP POLICY OFFERED BY MY EMPLOYER.
- REFUSAL OF LIFE INSURANCE IN EXCESS OF \$50,000 (TAXABLE PREMIUM / IRS CODE 79)

I UNDERSTAND THAT IF I WISH TO RE-ENROLL OR REQUEST AN APPLICABLE LIFE INSURANCE COVERAGE INCREASE THAT I MAY BE REQUIRED TO FURNISH EVIDENCE OF GOOD HEALTH AND/OR MEET ANY OTHER REQUIREMENTS SET FORTH BY THE INSURANCE COMPANY OR ANY APPLICABLE FEDERAL OR STATE LAW OR REGULATION.

NAME: _____ SOCIAL SECURITY

NO: ____ / ____ / ____

EMPLOYEE NO: _____ UNION

AFFILIATION: _____

DEPARTMENT: _____ ASSIGNED SCHOOL (HPSS / ONLY) _____

SIGNATURE _____

DATE: _____