

CALIFORNIA LUTHERAN UNIVERSITY

WAIVER OF GROUP INSURANCE

This is to certify that I have been given the opportunity to participate in the insurance plan offered by my employer, California Lutheran University, and have declined to participate.

I understand that in the event I desire to apply for such insurance hereafter I shall be required to furnish, at my own expense, evidence of insurability satisfactory to the Insurance Company, and that the Insurance Company reserves the right to reject such application or apply during the University's open enrollment period once a year.

I hereby decline benefits coverage offered for the following:

_____ Medical

_____ Dental

_____ Vision

Signature of
Employee _____ Date Signed _____

Printed
Name _____

Hire Date _____

ID # _____

HR Received _____