

EMPLOYEE BENEFIT WAIVER INCENTIVE FORM

PLEASE CLEARLY PRINT YOUR RESPONSES BELOW

EMPLOYEE LAST NAME:	EMPLOYEE FIRST NAME:	MI:	ID NUMBER:
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INCENTIVE TO WAIVE HEALTH INSURANCE

CSU employees who can document that they have coverage under another health plan will have the option of waiving health coverage provided by Central State University. In exchange for such waiver, a CSU employee who waives coverage will receive a monthly incentive of \$150.00 (\$69.23 bi-weekly) in their paycheck. The incentive option becomes effective the month following Human Resources' receipt of this form. Please see the incentive process below.

INCENTIVE PROCESS

To apply for a benefit waiver incentive, please submit this form to Human Resources prior to the end of Open Enrollment or within 30 days from your date of hire or life status change. **You must submit the waiver form to HR each calendar year to qualify for the benefit waiver incentive.** Incentive forms submitted after the deadline will be effective the pay period following approval from the Benefits Department. The incentive will not be retroactively administered.

To qualify you must complete the information below and provide a copy of both sides of a valid insurance card proving you have health benefits elsewhere.

INFORMATION REGARDING YOUR MEDICAL INSURANCE

Insurance Company Name: _____

Member Number: _____

Group Number: _____

Effective Date: _____

Name and Signature of Benefits/HR Administrator: _____

(Please Print Name)

Date Completed: _____

(Signature)

I hereby certify that the information contained on this form is true and correct. I understand that Central State University reserves the right to verify the information provided on this form by contacting my insurance company. I also understand that if I choose to elect benefits during the plan year, I must notify the Benefits Department of this change and the incentive will be terminated.

Employee Signature: _____ Date: _____