



8200 Brownleigh Drive
Raleigh, NC 27617-7423
Phone: (919) 510-9696
Fax: (919) 256-6420

WAIVER OF BENEFITS

I DESIRE TO WAIVE THE FOLLOWING EMPLOYEE BENEFITS (only check the benefits you wish to waive):

MEDICAL INSURANCE

PLEASE LIST REASON FOR WAIVING MEDICAL COVERAGE - _____

- DENTAL INSURANCE (*OPTIONAL BENEFIT/EMPLOYEE PAID.*)
- LIFE INSURANCE (*OPTIONAL BENEFIT/EMPLOYEE PAID.*)
- LONG TERM DISABILITY BUY – UP INSURANCE (*OPTIONAL BENEFIT/EMPLOYEE PAID.*)
- VISION INSURANCE (*OPTIONAL BENEFIT/EMPLOYEE PAID.*)

I DO NOT WISH TO WAIVE ANY OF THE ABOVE BENEFITS. I WILL COMPLETE MY ENROLLMENT FORMS ONLINE AND SUBMIT TO HR FOR ENROLLMENT.

NAME:

SIGNATURE

DATE