

# Employee Enrollment Waiver Form

Please return this form to your Human Resources office after completing.

## EMPLOYEE INFORMATION

|  |  |  |                                 |  |
|--|--|--|---------------------------------|--|
| _____<br>Employer Name                       |  |  | ____ - ____ - ____<br>Hire Date |  |
| _____<br>First Name                          |  | _____<br>MI  | _____<br>Last Name              |  |
| _____<br>Address                             |  |  |                                 |  |
| _____<br>City                                |  | _____<br>State   | _____<br>Zip Code               |  |
| ____ - ____ - ____<br>Cell Phone             |  | ____ - ____ - ____<br>Home Phone   |                                 |  |
| ____ - ____ - ____<br>Social Security Number |  | <input type="checkbox"/> Single <input type="checkbox"/> Married<br>Marital Status |                                 |  |
|  |  | _____<br>Email   |                                 |  |

## ENROLLMENT WAIVER AND SIGNATURE

I do not wish to participate at this time: \_\_\_\_\_ Initial Here

Completion of the Employee Information section above is still required.

|                                  |   |
|----------------------------------|---|
| ▶ _____<br>Signature of Employee | ____ - ____ - ____<br>Date (month   day   year) |
|----------------------------------|---|