UNIVERSITY OF DETROIT MERCY

Human Resources and Payroll

HEALTH INSURANCE WAIVER

(Proof must be submitted every year to be eligible)

Date: _____

Employee Name: _____

Banner ID: T_____

I elect to waive healthcare benefits offered by the University of Detroit Mercy. I understand by waiving the healthcare benefits I will not be eligible to participate in the health care program until the next open enrollment period or if a qualifiying life event occurs.

Open enrollment is usually once a year, the time when employees can choose to enroll, change, or drop insurance plans.

A qualifying life event is an event that results in the loss of employer sponsored coverage due to which a qualified beneficiary (spouse/dependent) is eligible for COBRA benefits; (e.g., employment ends, reduction of hours, death, divorce, etc.).

Employee Signature: _____ **Date:** _____

In order to be eligible for this benefit you must submit to Human Resources this waiver form and documentation from your current health care provider or sponsored employer indicating that you have creditable medical coverage.

Telephone: 313-993-1036 * Fax: 313-993-1015