



Human Resources and Payroll

HEALTH INSURANCE WAIVER

Date: _____

Employee Name: _____

Social Security Number: _____

I elect to waive health care benefits offered by the University of Detroit Mercy. I understand by waiving the health care benefits I will not be eligible again until the open enrollment period or if a qualifying event occurs.

Open enrollment is the plan date anniversary usually once a year, usually announced to the all employees.

A qualifying event is loss of coverage from another source, such as your spouse, or other insurer.

Employee Signature: _____ **Date:** _____

*In order to be eligible for this benefit, you must submit to Human Resources a Healthcare Insurance Waiver form and a letter from the health care provider that you currently have medical coverage with.

4001 W. McNichols
Detroit, MI 48221
(313) 993-1036