

Declination of Insurance Coverage

I have been informed of the Medical, Vision and Dental Insurance plans offered by Independent Support Services.

I choose to decline coverage for:

Medical Insurance: _____

Vision Insurance: _____

Dental Insurance: _____

By declining the above insurance, I acknowledge that I will not be eligible for coverage until Open Enrollment for our next plan year. Of course if I have a change in status such as losing my current insurance, I can call Human Resources at 845-794-5218 to see if I am eligible before Open Enrollment.

Print Name

Signature and Date