Worldwide Travel Staffing

2829 Sheridan Drive, Tonawanda, NY 14150 | Toll Free: 866.633.3700 | Toll Free Fax: 877.375.2450 | www.WorldwideTravelStaffing.com

Waiver of Coverage

Employee Name:

Please check all that apply:

☒ I waive my employer's group Health insurance coverage for myself and my dependents (if any).

☒ I waive my employer's group Dental insurance coverage for myself and my dependents (if any).

Special Enrollment Notice and Certification
Please review and sign below:

By signing below, I certify that I have been given an opportunity to apply for coverage for myself and my eligible dependents, if any.

If I am *declining* my employer's group health insurance or dental coverage, I affirm that I have alternate coverage. By declining coverage offered by Worldwide Travel Staffing, Limited, I understand my dependents and I may not be eligible to enroll for benefits until the next open enrollment period. I and/or my dependents may become eligible to enroll if there is a qualifying event, and I request enrollment within 30 days of the eligible qualifying event. I understand that to request special enrollment or obtain more information, I should contact my group administrator.

If I am *accepting* my employer's group health insurance or dental coverage, I acknowledge that failure to submit properly completed enrollment forms prior to my first day of work shall constitute an automatic and continuing waiver of coverage until the required enrollment forms are submitted.

Employee Signature: **Date:**