



# UA Choice

## Opt Out Form

### Waiver of Coverage for FY18 Documentation of Other Coverage

- Open Enrollment
- New Hire
- Life Event: \_\_\_\_\_  
Date of Life Event: \_\_\_\_\_

[www.alaska.edu/benefits](http://www.alaska.edu/benefits)

Employee ID	Campus	Work Phone
Last Name	First	M.

Please Print Legibly

This form must be completed and received by your regional human resources office by the following:

- Open Enrollment: 5 p.m., May 15, 2017.
- New Hire: Within 30 days of your hire date
- Life Event Change: This form must be completed and received within 30 days of the Life Event identified above.

The election to waive coverage remains in effect until you submit a UA Choice Enrollment Form at open enrollment or when you have a qualifying life event or loss of other coverage.

\_\_\_\_\_  
Name of Spouse/FIP  
through which other coverage is provided.

\_\_\_\_\_  
SSN or Employee ID (use ID if UA employee)

I hereby elect to waive health plan coverage under the UA Choice plan available to me as a University of Alaska employee. I understand that by making this legally binding election, the University of Alaska is excused from any obligation to provide health coverage to me and/or my dependents as a benefit of my university employment. I understand and agree that the University of Alaska is not liable for any losses or damages suffered by me and/or my dependents from this action.

Coverage for the employee/spouse identified above is provided through:

\_\_\_\_\_  
Employer or Plan Sponsor Name

\_\_\_\_\_  
Phone Number

\_\_\_\_\_  
Employer or Plan Sponsor Address

\_\_\_\_\_  
Insurance Company Name

\_\_\_\_\_  
Policy/Plan Number

I agree to notify the University of Alaska within 30 days of loss of my other coverage.

\_\_\_\_\_  
UA Employee Signature

\_\_\_\_\_  
Date

**Open Enrollment: Return to Your Regional Human Resources Office by 5 p.m. Friday, May 15, 2017**

Please Note: Employees/Dependents who waive coverage are **NOT Eligible** for COBRA Coverage.

Opt Out [349] [649] [ Office Use Only: Entered By: \_\_\_\_\_ Date: \_\_\_\_\_ Effective: \_\_\_\_\_