R/V Sikuliaq employees who are opting out of a UA Choice Health Care Plan Only

If you are wanting to enroll in a UA Choice Plan, do not complete this form. Please complete the enrollment form.

UNIVERSITY of ALASKA
Many Traditions One Alaska

UA Choice

Opt Out Form

Waiver of Coverage for FY23

Documentation of Other Coverage

□ New Hire

□ Life Event:_____

Date of Life Event: _____

Employee ID	Campus	Work Phone
Last Name	First	M.

Please Print Legibly

This form must be completed and received by the Employee Transitions and Benefits team by the following:

- New Hire: Within 30 days of your hire date
- Life Event Change: Within 30 days of the Life Event identified above

www.alaska.edu/benefits

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 _____

Please return this form to UA HR

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

Opt Out [349] [Office Use Only: Entered By: _____ Date: _____ Effective: _____

Rev. 7/20