MEDICAL INSURANCE WAIVER

As an employee of the University of Richmond, I am fully aware that the University of Richmond will provide me with a medical insurance plan. However, I am satisfied that I have adequate provisions for full coverage under another plan and I elect to waive the group medical insurance offered to me.

I understand that by waiving my right to participate in the University's group medical coverage, I will be subject to the enrollment restrictions and pre-existing conditions of the University and its health care providers.

I further understand that I can exercise my option to enroll myself and my eligible dependents in the University's group insurance during the open enrollment period. **Enrollment at any time other than open enrollment is limited to the following qualifying events or changes in status:**

- **Marriage or divorce**
- **Birth or adoption of a child**
- **Death of a spouse or child**
- **Change in job status for employee or spouse: full-time to part-time or part-time to full-time**
- **Unpaid leave of absence for employee or spouse**
- **Termination or commencement of spouse's employment**

In lieu of medical benefits, the University offers a benefit of either 5 vacation days or $500 in taxable salary (to be paid in two installments in June and December).

NOTE: *Faculty members are only eligible for the annual $500 benefit (prorated)*

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I elect to receive: (circle) $500 in taxable salary (prorated) **OR** Five vacation days

Print Name: _____ Social Security #: _____

_____ _____

Signature Date

(Copy of proof of medical insurance coverage should be attached.)

jsf-10/05