

# MichiganTech

## Retirement Supplemental Voluntary Program (RSVP) Health Insurance Waiver Form

Employee Name: \_\_\_\_\_

M#: \_\_\_\_\_

Name of Health Insurance Provider: \_\_\_\_\_

Name of Health Insurance Carrier: \_\_\_\_\_

Group Number: \_\_\_\_\_

Date the insurance coverage begins: \_\_\_\_\_

*I have elected to participate in the Monetary Retirement Option or the Combined Monetary/Phased Retirement Option of the RSVP.*

*I have alternate health insurance coverage and will not be enrolling in the University's health insurance program.*

*Please be aware you must have alternate coverage or you will be enrolled in the University's health insurance program.*

*Please attach a copy of your insurance card or a letter from the insurance carrier of new employer.*

Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*Send all RSVP forms to Benefit Services*