



RETIREMENT SUPPLEMENTAL VOLUNTARY PROGRAM
RSVP

HEALTH INSURANCE WAIVER FORM

Do not sign until you have read and understand the attached RSVP materials

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.

Signature of Employee _____

Date of Signature _____

Social Security Number _____ - _____ - _____

Name of Provider of Health Insurance _____

Name of Health Insurance Carrier _____

Group Number _____

Date the Insurance Coverage Begins _____

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