

# WAIVER OF OPTIONAL INSURANCE COVERAGE

I have been offered the following insurance coverage, but I elect NOT to be covered under those checked below:

	AIG Accidental Death & Dismemberment		<b>UNUM Supplemental Term</b>
	AFLAC Personal Cancer Indemnity		Employee
	AFLAC Building Benefit Rider		Spouse
	AFLAC Critical Care Protection		Child
	AFLAC Accident		<b>FLEXIBLE SPENDING ACCOUNTS</b>
	American Fidelity Long Term Disability		CareFlex Flexible Spending Account
	UNUM Provident Long Term Disability		Mediflex Flexible Spending Account
	Davis Vision Insurance		
	Delta Dental Insurance		
	GenWorth Long Term Care		

I understand that by waiving coverage at this time, I may only request coverage for myself, or myself and eligible dependents during an **Open Enrollment Period or a Special Open Enrollment Period**. I understand that my application at that time may be subject to underwriting.

Open Enrollment is held each **October** and applications should be submitted during this time period with an effective date of **January 1st** of the following year. Generally, a **Special Open Enrollment Period** arises when you or an eligible dependent experiences a qualified life event such as a loss of coverage under another health plan or when you gain a new eligible dependent.

**Employee Signature:** \_\_\_\_\_

**Signature Date:** \_\_\_\_\_

**Date of Employment:** \_\_\_\_\_

**Employee MSU ID #:** \_\_\_\_\_

## **Waiver of Optional Insurance Coverage Instructions Mandatory Form**

- Place a check by each optional item listed that you do not want to purchase coverage.
- I understand that by waiving coverage I can only request coverage again during open enrollment in October.
- I understand that during open enrollment, benefits do not go into effect until the following January.
- I understand the only reason I could enroll outside of open enrollment is if I experience a qualifying event.
  
- Sign
- Enter today's date
- Enter date of employment
- Enter your MSU id number

Please send the completed form to the Human Resource Department via:

- In person: 245 Barr Ave, 150 McArthur Hall
- U. S. Mail: PO Box 9603, Mississippi State, Ms 39762
- Fax: 662 325-0753
- Secure e-mail: contact your benefit specialist listed on the website: [hrm.msstate.edu](http://hrm.msstate.edu) for information how to send secure email. To find your benefit specialist, view the home page, about us, our staff.
- Campus mailstop 9603