



Health Care Participant Wavier

Employee Name: _____

Date: _____

Department: _____

Position: _____

I acknowledge I have been offered the opportunity to enroll myself and eligible family members in the Marchese Ford of Mechanicville Group Health Plan.

I decline enrolling myself or eligible family members in the group health plan coverage because:

____ I have other medical coverage provided by:

Insurance Company Name: _____

Policy/Group Number: _____

Employer: _____

____ I do not wish to enroll myself at this time.

____ I do not wish to enroll any eligible family member at this time.

Signature: _____ Date: _____