

Washtenaw Community College

OPT OUT FORM

I the undersigned, hereby request rebate payment for the following option out plans indicated by the **check mark**. In the event of any medical insurance rebate, I further attest that I have medical coverage provided by my spouse or some other means.

I agree that this document shall serve as proof of coverage.

Dental:

_____ 1 **Option out** of dental insurance coverage. Employee entitled to **\$150.00 rebate.**

Medical:

_____ 1 **Option out** of coverage provided by proof of coverage (this signed form) provided by spouse or some other means. Employee entitled to **\$1,500.00 rebate.**

Print Name

Employee Signature

Date