Tompkins County
PERSONNEL DEPARTMENT
125 E. Court St.
Ithaca, NY 14850-4207
(607) 274-5526

DECLINATION OF HEALTH INSURANCE

I do not wish to enroll, at this time, under the Central New York Regionwide Plan (Blue Cross/ Blue Shield/ Blue Cross prescription drug/major medical) through Tompkins County. I understand that by declining to enroll at this time:

1) I will subject myself and/or my dependents to certain applicable waiting periods if I decide to enroll later.

2) I may be forfeiting the right to such coverage after my retirement.

Name (please print) _____ Soc. Sec. #_____-_____-_____

Date of Employment _____

Signature _____

Date _____

Please return form to the Personnel Department. Thank you.

dechlth.doc