

# Health and Dental Benefits Election Form

Civitan Foundation is offering four health plans and a dental plan this election period.

If you do not wish to participate in these plans, please check the box marked "waive," sign and return the form to Human Resources.

Employee Name

## Health Insurance

Waive: I choose not to participate in either health plan.

## Dental Insurance

Waive: I choose not to participate in the dental plan.

I understand I have waived coverage that would have been effective

Signature

Date

<input type="text"/>	<input type="text"/>
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