



Human Resources, Diversity and Inclusion  
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## **VISION WAIVER / CANCELLATION FORM**

I hereby certify that I have been given the opportunity to join UMASS Medical School's Vision Plan for Non-Unit and SHARE Employees.

I understand fully the benefits available to me under the plan. I decline to participate and hereby waive all benefits of the plan.

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\_\_\_\_\_  
Print Name

\_\_\_\_\_  
UMass Employee ID #

\_\_\_\_\_  
Signature

\_\_\_\_\_  
(Date)

**7/1/13**  
\_\_\_\_\_  
Effective Date