



Medical Benefits Waiver Form

Synergy Services offers a variety of benefits to their employees. You may view these benefits at <http://www.synergyservicescorp.com/enrollment/benefits/contractor>, or you may contact Synergy's Benefits Department at benefits@synergyservicescorp.com to ask specific benefits questions.

If you choose not to enroll in one of our medical plans, we will need this form completed and returned within 30 days from your first day worked with Synergy. Signing this waiver does not prevent you from enrolling in coverage during the annual open enrollment period, or in the case of a qualifying event.

I understand that I have been offered the opportunity to purchase health coverage for myself and my dependents through Synergy Services.

I am declining enrollment at this time because:

- I have coverage through a spouse/partner/or parent
- I have an independent policy
- I have coverage through the State/Federal Health Benefits Exchange
- I am covered through Medicare/Medicaid/Tricare/VA
- Other _____

Printed Name

Signature

Date

Please e-mail the completed waiver to benefits@synergyservicescorp.com or fax to 303-265-9417