

**Seal & Design
Medical Plan Waiver Form
Plan Year May 1, 2011 - April 30, 2012**

I, _____, decline medical coverage through Seal & Design because I am covered under another group health plan.

1. Name of the Group Health Plan

2. Group Health Plan Number

3. Effective Date of Coverage

I understand that by declining health coverage through Seal & Design, I authorize participation in the Seal & Design Opt-Out Plan. I also understand that I cannot revoke or change this election during the plan year unless I have a qualifying change in family and/or job status and that change is consistent with my change of election. I may then revoke my prior election and sign a new agreement if such change occurs. In exchange for my waiver of health care coverage, I will be reimbursed \$40.00 per pay period (26 pay periods per plan year), providing I can submit proof of coverage. Acceptable proof of coverage will be a current health insurance benefits card.

Signed: _____ Date: _____