

Office of Human Resources 1419 Salt Springs Road Phone: 315.445.4155

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## Waiver of Group Dental Coverage

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I, (please print name), waive the option to enroll in the Le Moyne College retiree group dental insurance plan. I understand that once this option is waived I will not be able to enroll at a later date.	
Please Check One:	
☐ I am a retiree of the College☐ I am the spouse of a retiree of the College	
Reason for Waiving Coverage-Please Check One:	
Covered through spouse's employer:	
Employer Name:	
Insurance Company:	
Other reason (explain):	
Retiree Signature:	Date:
HR Signature:	Date: