

Jewish Theological Seminary
Office of Human Resources

Open Enrollment Medical Coverage Waiver Form
Year 2019

I am declining medical coverage for myself (and dependents) under the JTS group medical plans because I (we) have coverage elsewhere. I understand that as a result of this declination I will be unable to enroll in this coverage again until the next scheduled open enrollment period or within 30 days following discontinuation of the other coverage that I (we) have.

JTS will provide me with a \$50 taxable payment per month (divided weekly or semi-monthly based on my payroll schedule) for each month I have declined coverage. To be eligible to receive the waiver payment, I will be required to provide JTS with proof of my alternate coverage.

Date: _____ Department _____

Print Name: _____

Signature: _____