

UUA Health Plan Declination Form

I understand I have been offered the opportunity to enroll in the UUA Health Plan.

I have chosen to decline health insurance coverage. I understand that this decision will remain in effect unless changed in accordance with Plan rules.

I understand that during the Plan year, I CANNOT change my Health Plan election UNLESS I have a qualifying change in family status.

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I decline the opportunity to enroll in the UUA Health Plan.

Signature: _____ Date: _____

Print Name: _____