



VOLUNTARY BENEFIT WAIVER FORM

I wish to waive the following plans:

- MetLife Accident
- MetLife Critical Illness
- MetLife Legal ***Must have had this plan for one year prior to cancel.**
- Long Term Disability Buy Up 66 2/3
- Liberty Mutual Auto/Homeowner's
- United Pet Care
- Purchasing Power
- Gym membership

I wish to decrease or waive the following Life insurance options:

*You must carry at least 1x life insurance on self in order to cover spouse/child.
If you currently have spouse or child life insurance and you reduce your life insurance to Basic, your dependent's life insurance will be cancelled.

Self Life	Spouse Life	Child Life
<input type="checkbox"/> Basic	<input type="checkbox"/> Waive	<input type="checkbox"/> Waive
<input type="checkbox"/> 1x	<input type="checkbox"/> \$10,000	<input type="checkbox"/> \$5,000
<input type="checkbox"/> 2x	<input type="checkbox"/> \$20,000	
<input type="checkbox"/> 3x	<input type="checkbox"/> \$30,000	
<input type="checkbox"/> 4x	<input type="checkbox"/> \$40,000	

Employee Name _____ ID# _____

Daytime phone _____

Email address _____

Employee Signature _____ Date _____

Return completed form to:
Employee Benefits
Fax: 480-882-5802 or
E-mail: employee.benefits@honorhealth.com