



## Health Insurance Acceptance/Decline Form

I understand that as a SAITECH Corp employee I am eligible for medical, Basic Life and AD&D coverage on the 1<sup>st</sup> day of the month following the 30 day waiting period from my date of hire. If I decline enrollment in any of the benefits at this time, I will not be eligible again for those benefits until my one year anniversary with SAITECH Corp.

SAITECH Corp pays the following for all of it's employees:

- 50% of employee single rate for medical
- 100% of employee Basic Life & AD&D

**\*\*SAITECH Corp does not pay for ANY dependent of spousal coverage and the premium amount will be deducted from Gross wages under Section 125.**

Please initial which coverage you would like to accept/decline

I elect to participate in the following benefits:

\_\_\_\_\_ Medical

\*\* If you are electing coverage in any of the above please indicate the type of coverage by circling your choices.

Medical                      Employee Only                      Employee + Spouse    Employee + Child    Family

I decline participation in the following benefits:

\_\_\_\_\_ Medical

Date \_\_\_\_\_ Employee Signature X \_\_\_\_\_ (Signature Required)

\*If you are electing to participate in any of the benefits listed above, you must have your enrollment forms submitted within 10 days from your date of hire to ensure timely processing.

FOR OFFICE USE ONLY
START DATE: _____
ELIGIBILITY DATE: _____
DATE OF 1 <sup>ST</sup> DAY OF COVERAGE _____
_____ MEDICAL PREMIUM                      TYPE: EE    EE+SP    EE+CH    FMLY
_____ TOTAL MONTHLY DEDUCTIONS