

Sam Houston State University Human Resources

Insurance Waive Form for Graduate Students

Social Security Number	ERS ID	Employment Effective Date	
Employee First Name	Middle Name	Last Name	
Eligibility County	Mailing Address		
City	State	ZIP Code	Phone Number <input type="checkbox"/> Home <input type="checkbox"/> Cell
Email Address	Gender <input type="checkbox"/> M <input type="checkbox"/> F		Date of Birth
Agency Name	Dept ID/Agency Number	Employee Class	Insurance Pay Rate
Sam Houston State University	0753	GRD	

Carefully read the statements below before you sign and date.

Due to requirements set forth by ERS, all benefits eligible employees are required to make optional coverage and TexFlex elections within the first 30 days after your employment effective date and to make an election for health coverage within the first **60 days**. If you wish to elect insurance, you must come to the Human Resources office to make those elections.

I understand that by signing this form I am waiving all benefit elections to include the following: Health, Dental, Optional Life insurance, Voluntary Accidental Death & Dismemberment (AD&D), Dependent Life insurance, Short-term disability, Long-term disability, and a Tex-Flex Health or Childcare spending account through the Employees Retirement System of Texas (ERS). I also understand that the only opportunities to enroll in benefits are within 30 days of a qualifying life event (QLE), or during the Annual Enrollment period held in July each year and that elections made during Annual Enrollment will not go into effect until the following September 1st.

Signature

Sam ID

Date

Department

Human Resources Department
www.shsu.edu/hr
College of Humanities and Social Sciences Building (CHSS), Suite 410
(936) 294-1071