MARICOPA COMMUNITY COLLEGES
EMPLOYEE MEDICAL INSURANCE WAIVER REQUEST
FY 2008-2009

MCCCD EMPLOYEE

Instructions to employee: **(a) Complete the Employee and Insured portions of this form; (b) Forward the form to the insured's employer for certification; and (c) Return the completed form to the Maricopa Community Colleges Benefit Office.***

(MCCCD Employee Name)	**(MCCCD Employee ID#)****

I, hereby request to waive my employee participation in the group medical insurance available to me through the Maricopa Community Colleges. As indicated by the certification below, I am covered by a group medical Insurance program offered through another employer.

I understand that, should I lose coverage due to a family status change, I have thirty days (30) in which to enroll in the Maricopa Community College group medical insurance program.

I authorize MCCCD to use or disclose information contained on this form for purposes of treatment, payment or health care operations as specified under applicable law.

☑ _____ _____ _____

MCCCD Employee Signature **Employee's College** **Date**

CERTIFICATION OF COVERAGE

INSURED

(Insured Employee Name)	(Social Security Number)
(Insured Employer Name)	(Insurance Company Name)

☑ _____ _____

Insured's signature authorizing release information **Insured's Phone Number**

Instructions to employer: Please complete the Authorized Signature portion of this form, and return it to MCCCD at the address below as soon as possible.

AUTHORIZED SIGNATURE

Our MCCCD employee indicates that coverage is provided for them:

☐ As an employee or retiree of your Company

☐ As a dependent under your employee listed above

Is this COBRA coverage? ☐ Yes ☐ No

Our records indicate that the above named MCCCD employee is presently being covered under our Group medical program as indicated above.

☑ _____ _____

Signature **Phone Number**

_____ _____

Title **Date**

**** MCCCD Employee ID# is on your pay stub.**

*** Return completed form to:**

Maricopa Community Colleges
Compensation Department
2411 West 14th Street
Tempe, Arizona 85281-6942
Phone (480) 731-8415
Fax (480) 731-8484

Office use only

Verified by:
Date