



Insurance Waiver

Name

Date of Birth

Address

Declaration of Waiver

I understand that I have been offered a group health insurance by the Company including my eligible dependent(s), with an insurance service provider. I am electing not to enroll myself, or my dependents at this period.

I understand that should I or including my dependent(s) desire to to obtain a group health insurance in the future, it shall be under the condition of availability of the group insurance policy that they offer to employees.

Under any circumstance, I shall not hold the Company liable for any financial matters incurred which may relate to this waiver.

I hereby release, remise and discharge from any claims and liabilities whatsoever without limitations that I might have against the Company and its owners due to any circumstance which might occur and is extended by the group insurance policy.

And I declare this waiver on behalf of myself, my heirs, executors, assigns and administrators.

By signing this waiver I fully agree that the company has taken all reasonable practicable action to protect my health and safety

Employee Signature



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