



Employee Waiver of Medical Insurance

You are permitted to waive medical insurance coverage through the University of Delaware if you provide proof of existing medical insurance coverage elsewhere. If you choose to waive coverage, please complete and return this form with a copy of your medical insurance card to the Office of Human Resources (413 Academy Street or hrhelp@udel.edu).

Please feel free to contact the Office of Human Resources by email: hrhelp@udel.edu or phone: 302-831-2171 should you have any questions.

Name: _____

Employee ID: _____

Existing Medical Insurance Information:

Subscriber's Name: _____

ID Number: _____

Group Number: _____

Medical Insurance Carrier: _____

Employee Signature: _____ Date: _____