



Social Model Recovery Systems, Inc.
Employee Hire Forms

Employee Group Health Insurance Opt Out
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Employee name: _____

Division or program: _____

This will certify that I have been given an opportunity to participate in the employee group health insurance plan for Social Model Recovery Systems and have decided that I do not wish to contribute toward the monthly premium for my coverage, as required by the Agency. Therefore, I understand that I will not be covered under this group policy. I understand that if I wish to participate in the plan in the future, I can only enroll during the next annual enrollment period under the provisions of the plan.

Employee signature

Date