



Social Model Recovery Systems, Inc.  
Employee Hire Forms

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| Employee Group Health<br>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 plans for Social Model Recovery Systems and have decided that I do not wish to participate in the following plan(s).

Check applicable plan(s) to opt out:

\_\_\_\_\_ Blue Shield (Medical)

\_\_\_\_\_ Blue Shield (Dental)

\_\_\_\_\_ Blue Shield (Vision)

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(s).

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Employee signature

Date