



HEALTH INSURANCE

WAIVER

I am aware of, and I understand, CJPS Home Care, LLC health insurance plan options available to eligible employees.

I elect to waive health insurance coverage and understand that in order to waive coverage; I must document my coverage under another plan.

I elect to waive health insurance coverage. My spouse/same-sex domestic partner is employed and my health insurance coverage is through their health plan.

I elect to obtain health insurance coverage once I am eligible.

CJPS Employee Information

Employee's Name (last, first)

Employee's Social Security Number

Employee's Signature

Date

My Coverage is through

Policy Holder's Name (last, first)

Policy Holder's Social Security Number

Policy Holder's Employer Name

Policy Holder's Health Insurance Company

Policy Number

8679 E. San Alberto Drive - Scottsdale, AZ 85258

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