

# Earlham College

## Domestic Partner Health Insurance Waiver

The College assumes all full-time faculty and staff will be covered by the Earlham Health Insurance Plan. Employees may only waive health insurance if they are covered by an employer sponsored parental/spousal/partner plan **AND** have completed the waiver below.

**Please complete the information below and return it to Human Resources, Drawer 33.  
You will be charged for coverage if you do not return this form.**

Employee Name \_\_\_\_\_

Spouse/Partner Name \_\_\_\_\_

Spouse's/Partner's Employer Name \_\_\_\_\_

Policy Holder Name \_\_\_\_\_

Policy Effective Date \_\_\_\_\_

Insurance Company or TPA \_\_\_\_\_

Member I.D. # \_\_\_\_\_

Address of Insurance Company \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Phone # of Insurance Company \_\_\_\_\_

I, \_\_\_\_\_ wish to waive Earlham College Health Coverage because I have comparable coverage through my spouse's/partner's employer as indicated above.

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Certified by Spouse's/Partner's Human Resources

\_\_\_\_\_  
Date