



TOURO UNIVERSITY
C A L I F O R N I A

Medical, Dental & Vision Waiver of Benefits

IMPORTANT: Please read below carefully before choosing to waive any benefits

You have the option to waive any of the benefits offered by Touro University however, you must understand that you may not change your election until the next open enrollment period, unless a qualifying event occurs. Waiving any benefits will remain in effect for future plan years unless you choose to enroll during open enrollment.

Examples of qualifying events include (but are not limited to) the following:

- Marriage
- Birth/Adoption or placement for adoption
- Divorce, legal separation, or annulment of an employee's marriage.
- Death of spouse or dependant
- Change in employees, spouses, or dependant's employment status that affects eligibility under their plan.
- Spouses' employer makes significant changes in coverage or premium costs. (30% or greater change.
- Spouse is provided group insurance through employer for the first time.
- Dependent becomes eligible for coverage.
- Dependant no longer meets eligibility criteria.
- Change in public aid status or Medicare status.
- Court order results in the employee gaining or losing custody of a dependant.

If you choose to waive any of the benefits offered by Touro University please indicate on the Salary Reduction Agreement. If you need additional information regarding the option to waive benefits, please contact Human Resources Department.



**Medical, Dental & Vision
Salary Reduction Agreement**

Name

Employee Number

I understand that I may elect health coverage for myself and my eligible dependents under the Touro University benefit plan. If I make this election, I understand that I am authorizing my employer to apply part of my pay toward the premiums for these benefits. I understand that this money will be deducted from my pay on a pre-tax basis.

I hereby elect the following coverage/s and authorize Touro University to deduct the selected premium/s:

Bi-Weekly Rates

Medical Options	Employee Only	Employee + Spouse	Employee + Child(ren)	Family
Kaiser 15	\$79.30	\$166.53	\$142.74	\$261.69
Kaiser 25	\$77.22	\$162.16	\$139.00	\$254.82
Kaiser PPO	\$115.60	\$242.76	\$208.08	\$381.48
Waive Medical				
Dental			Vision	
	DHMO	PPO		
EE Only	\$6.82	\$24.10	EE Only	\$4.72
EE + 1	\$12.32	\$46.05	EE + 1	\$6.84
EE + 2 or more	\$19.73	\$81.47	EE + 2 or more	\$12.25
Waive Dental			Waive Vision	

Touro University may adjust my contributions as a result of changes in premiums for these coverage's or to satisfy Internal Revenue Code provisions and regulations. I understand that I may not change my election until the next election period unless a qualifying event should occur. This election remains in effect for future plan years unless I file a new election.

*If you have opted to waive any of the above benefits please read the Waiver of Benefits information sheet before signing.

Employee Signature

Date

For office use only:

Eligibility Date: _____ Employee Contribution/s per pay period:

Medical: \$

Dental: \$

Vision: \$