

PINNACLE CANYON ACADEMY

210 North 600 East, Price, UT 84501 * 435) 613-8102



INSURANCE OPT OUT FORM

Please fill out this form if you wish to opt out of insurance coverage

--	--

FIRST NAME

LAST NAME

--	--

EMAIL ADDRESS

PHONE NUMBER

OPT OUT REQUEST

I, the undersigned, hereby request to opt out of the insurance coverage for the following reason(s):

I have alternative insurance coverage through another source (e.g., spouse's plan, individual policy, government program) and do not wish to enroll in Pinnacle Canyon Academy insurance plan

I have reviewed the insurance plan offered by Pinnacle Canyon Academy and have determined that it does not meet my specific needs or preferences.

I have chosen to take two separate part-time positions at Pinnacle Canyon Academy. I am fully aware that as two part-time positions, 29 hours or under per week, that I am exempt and/or not eligible for insurance benefits with Pinnacle Canyon Academy and its insurance carriers. I also understand that any pre-approved overtime does not constitute automatic eligibility of any insurance benefits with Pinnacle Canyon Academy.

Other: _____

ACKNOWLEDGEMENT AND AGREEMENT

I understand that by opting out of the insurance coverage provided by Pinnacle Canyon Academy, I will not be eligible for the benefits and coverage offered by the plan. I acknowledge that my decision is voluntary and that I have been provided with information about the insurance plan options available to me.

--	--

SIGNATURE

DATE

OFFICE ONLY USE

--	--

DATE RECEIVED / FILED IN EMPLOYEE FILE

AUTHORIZED SIGNATURE