WAIVER OF OPTIONAL INSURANCE COVERAGE

I have been offered the following insurance coverage, but I elect NOT to be covered under those checked below:

☐	AFLAC Accident	☐	Optum Health Savings Account
☐	AFLAC Critical Illness with Cancer	☐	**UNUM Supplemental Term**
☐	AFLAC Hospital Indemnity	☐	Employee
☐	AFLAC Term Life with LTC	☐	Spouse
☐	American Fidelity Long Term Disability	☐	Child
☐	UNUM Provident Long Term Disability	☐	**FLEXIBLE SPENDING ACCOUNTS**
☐	Davis Vision Insurance	☐	CareFlex Flexible Spending Account
☐	Delta Dental Insurance	☐	Mediflex Flexible Spending Account

I understand that by waiving coverage at this time, I may only request coverage for myself, or myself and eligible dependents during an **Open Enrollment Period or a Special Open Enrollment Period**. I understand that my application at that time may be subject to underwriting.

Open Enrollment is held each **October** and applications should be submitted during this time period with an effective date of **January 1st** of the following year. Generally, a **Special Open Enrollment Period** arises when you or an eligible dependent experiences a qualified life event such as a loss of coverage under another health plan or when you gain a new eligible dependent.

Employee Signature: _____ **Signature Date:** _____

Date of Employment: _____ **Employee MSU ID #:** _____