



IUOE
MEDICAL OPT- OUT FORM
2017-2018 Plan Year

I am declining the health insurance plans offered to me for the plan year 2017-2018. The annual Medical Opt-Out Cash Benefit of \$1000 will be added to my paycheck on a bi-weekly basis in the amount of \$38.46.

Name (print) _____

Date of Hire _____

Signature _____

Date _____

Cc: Payroll Department _____