

**AUTISTIC SERVICES, INC.**  
**Health Insurance Waiver (Opt-Out) Program**

In an attempt to continue to provide for the health needs of our staff, we have initiated a Health Insurance (Opt-Out) Incentive Program.

This program is designed to provide a **monetary incentive of \$800.00 per year (\$200.00 per quarter)** to all eligible full-time staff who waive agency health insurance coverage and can document coverage through another source.

All eligible full-time staff who waive agency health insurance are eligible for participation on the first day of the quarter following the date of waiving agency health insurance.

**To participate, staff are required to provide documentation (attached to each form) of health care coverage through another source (i.e. copy of insurance card, certificate, letter, etc.).**

**You must submit this form (w/proof of coverage) to the Human Resource department quarterly to receive your Opt-Out payment.**

Staff who wish to terminate participation in the Opt-Out Program may be eligible to sign up for agency health insurance subject to enrollment procedures.

Autistic Services, Inc. would like to guarantee that you have the coverage necessary to support a healthy lifestyle whether it is through one of our own plans or an outside source.

**Reimbursement requested for the quarter ended in 2010 (circle one):**

**March 31**

**June 30**

**September 30**

**December 31**

I, \_\_\_\_\_, HEREBY WAIVE AGENCY  
HEALTH INSURANCE THROUGH AUTISTIC SERVICES, INC.

Signature of Employee: \_\_\_\_\_

Date Submitted to H.R.: \_\_\_\_\_

PAYROLL USE ONLY

PAID IN CHECK DATED \_\_\_\_\_