

HARRIS COUNTY AND HARRIS COUNTY FLOOD CONTROL DISTRICT  
WAIVER OF EMPLOYEE HEALTH & RELATED BENEFITS

Name: \_\_\_\_\_

Employee ID # \_\_\_\_\_

As an employee of Harris County or Harris County Flood Control District who is eligible for Medicare, or retired from United States military and currently enrolled in TriCare, I understand that I am entitled to enroll in the Group Health & Related Benefits plans after completion of the required waiting period. I hereby decline this coverage for myself and my eligible dependents (if applicable).

I understand that this waiver applies to the medical, dental, vision, long-term disability, and life insurance programs offered to Harris County employees. I further understand that my elections will remain in effect until the next annual enrollment unless a qualifying life event occurs and I submit the necessary documentation to Human Resources & Risk Management within the same calendar year as the qualifying life event.

I further understand, should I request in the future to participate in the Group Health & Related Benefits plans, I and any eligible dependents will be subject to the Late Entrant requirements, a waiting period, and all plan provisions or limitations, which are in effect at the time of my request.

I attest that I have made this decision of my own accord with no pressure or coercion from Harris County or Harris County Flood Control District, or their agents, or the insurance carriers.

Employee's  
Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Witness  
Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Printed  
Name: \_\_\_\_\_

