

## Acknowledgement of Associate Limited Benefits Program

Last Name		First	Middle	Social Security Number
Street Address		City	State	Zip
Office Location	Hire Date	Birth Date		<input type="checkbox"/> Single <input type="checkbox"/> Married

**WAIVE COVERAGE**

I HAVE BEEN INFORMED OF AND UNDERSTAND THE LIMITED BENEFIT OPTION(S) OFFERED THROUGH ADVANTAGE TECHNICAL RESOURCING.

I UNDERSTAND THAT I HAVE 60 DAYS FROM MY DATE OF EMPLOYMENT TO ENROLL IN THE PLANS. I UNDERSTAND THAT BY NOT ENROLLING IN THE PLANS WITHIN 60 DAYS FROM MY DATE OF EMPLOYMENT, I WILL NOT BE ABLE TO ENROLL UNTIL THE ANNUAL ENROLLMENT PERIOD OR UNLESS I EXPERIENCE A QUALIFIED LIFE EVENT AS DETERMINED BY THE IRS.

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date

**A QUALIFIED LIFE EVENT**

The IRS will allow you to change your benefits within 30 days of the date you experience a qualified life event.

**The following are considered qualifying events under IRS Section 125 regulation:**

- Marriage or Divorce**
- Addition of a dependent through birth, adoption or change in custody**
- Death of a spouse or dependent**
- You or your spouse's employment status changes**
- Gain, loss or change of coverage through other group coverage**
- Gain or loss of full-time student status for dependent between the ages of 19 and 25**
- Moved outside of services area**

*Please note that you are required to provide proof of a qualified life event to SRC-An Aetna Company within 30 days of your qualified life event.*

Please complete this form and send the original to your Advantage Technical Resourcing representative. Make a photocopy if you wish to retain a copy for your records.

*Note: Employees living in Massachusetts who are waiving healthcare coverage MUST complete the Massachusetts State Required Waiver and give it to their recruiter or designated representative.*