



Short Term Disability and Supplemental Life Insurance Waiver Form

Short Term Disability and Supplemental Life Insurance can be cancelled at any time during the year. The only times that it can be added is at the time of hire and during Open Enrollment. If you wish to make a change, please fill out this form in its entirety and send to HRHelpdesk@wincco.com.

Employee Information				
First Name	M.I.	Last Name	D.O.B	Sex: <input type="checkbox"/> M <input type="checkbox"/> F
Street Address	Apt #	City	State	Zip Code
SSN	Date of Hire	Effective Date of Change		
Home Telephone	Cell Phone	Email		

Voluntary Short Term Disability
<input type="checkbox"/> I wish to waive Short Term Disability coverage and acknowledge that I cannot enroll until the next open enrollment period. Coverage at that time is subject to evidence of insurability and is not guaranteed.
<input type="checkbox"/> I do not wish to make changes to my Short Term Disability coverage at this time.

Supplemental Life Insurance
I wish to waive the following Supplemental Life Insurance coverage and acknowledge that I cannot enroll until the next open enrollment period. Coverage at that time is subject to evidence of insurability and is not guaranteed.
<input type="checkbox"/> Employee Supplemental Life
<input type="checkbox"/> Spousal Supplemental Life
<input type="checkbox"/> Dependent Supplemental Life
I do not wish to make changes to the following Supplemental Life Insurance coverage at this time.
<input type="checkbox"/> Employee Supplemental Life
<input type="checkbox"/> Spousal Supplemental Life
<input type="checkbox"/> Dependent Supplemental Life

Signature: _____ Date: _____