



WAIVER OF BENEFITS

**RETURN THIS TOP PORTION IF YOU DO NOT WISH TO BE
ENROLLED ON ONE OR MORE OF THE GROUP INSURANCE POLICIES**

NAME: _____ ELIGIBILITY DATE: _____

If you do not wish to be enrolled on one or more of our group insurance policies, please indicate below; date, sign and return this form to:

Waco, Inc. - Attn: Vickie Corley or Kayla Mozingo
P.O. Box 829
Sandston, VA 23150

vcorley@wacoinc.net – Fax: (804) 226-3218
kmozingo@wacoinc.net – Fax: (804) 226-3218

- I DO NOT** wish to be enrolled on Waco's Group Health Insurance Plan.
- I DO NOT** wish to be enrolled on Waco's Group Life Insurance Plan.
- I DO NOT** wish to be enrolled on Waco's Group Dental Insurance Plan.

Date

Signature