

Oklahoma State University  
Graduate Assistant/Associate  
Health Insurance Declination Form  
2016-2017

**Declination Forms should be submitted to Oklahoma State University Human Resources office within thirty days of your initial eligibility date.**

**Name:** (Please Print) \_\_\_\_\_

**Address1:** \_\_\_\_\_

**City, State, zip:** \_\_\_\_\_

**CWID#:** \_\_\_\_\_

**Office phone** \_\_\_\_\_

**Home phone** \_\_\_\_\_

**Email:** \_\_\_\_\_

I certify that I am declining insurance coverage through the Oklahoma State University Graduate Assistant/Associate plan provided to teaching, research and graduate assistants and associates. I understand that this declination also eliminates spouse and/or dependent eligibility through this plan. If I choose to accept this policy in the future, coverage will not be available until the first day of the semester following that decision. I understand that I must complete this Declination Form each Academic year to waive Health Insurance and submit to the OSU Human Resources office.

---

Signature

Date

**Please return completed form to: Oklahoma State University  
Human Resources Office  
106 J Whitehurst  
Stillwater, OK 74078**