Diocese of Central Pennsylvania

Waiver of Medical Insurance Coverage
(return to: Mary Ann Smida, PO Box 11937, Harrisburg, PA 17108)

I understand that I am eligible for Medical Insurance Coverage with the Diocese of Central Pennsylvania and I choose to decline coverage at this date.

I wish to cancel my Medical Insurance Coverage with the Diocese of Central Pennsylvania effective _____.

I presently have Medical Insurance with:

Name of Health Care Plan/Insurance Co.:_____

Policy/Identification No.:_____

Employee's Name:
_____

Place of Employment:
_____

Employee's Signature:_____Date:_____

Witness:_____Date:_____