Heartland Automotive Services
America's Largest Jiffy Lube® Franchisee

Employee name: *Last*	*First*	*Middle Initial*
Date of employment:		
Date of birth:		

I was given the opportunity to enroll in a group insurance plans offered by my employer.
I am declining the following coverages:

Medical ☐ Dental ☐ Vision ☐ Life ☐

I am declining to enroll for the reason shown below:

☐ Covered by spouse's/domestic partner's group coverage_____

☐ Carrier Name and Member ID _____

☐ Covered by Medicare_____

☐ Covered by TRICARE _____

☐ Other *(Please explain* _____

I acknowledge that although I have been given the opportunity to enroll in medical coverage through my employer, I have chosen to decline coverage at this time. By declining this group health coverage I acknowledge that I and my dependents (if any) may have to wait until the plan's next open enrollment period to enroll unless I experience a qualifying event as defined by the IRS.

Employee Signature_____ Date:_____

Employee Name:_____

Please return this form to Benefits@jiffyworld.com