



Proof of Insurance Coverage Certification

To be used for those employees who will receive the opt out bonus.

I, _____ (employee's name) hereby affirm that:

You have to sign off on the following before being eligible to receive the opt out bonus

_____ a. I elect to opt out of medical coverage offered to me by Southern
(initials) State Community College.

_____ b. I have medical coverage through a plan that is not sponsored
(initials) by Southern State Community College.

_____ c. I agree to notify Southern State Community College if there is
(initials) any change of coverage status within thirty (30) days in writing
to the Human Resources Department.

Signature of Employee

Date

PROOF OF COVERAGE

(Please have your insurance carrier/employer fill out this section)

Coverage is through the following:

Employer: _____

Insurance Company Name: _____

Spouse/Policy Holder Name: _____

Group Number: _____

Policy Effective Date: _____

Signature of Insurance Carrier/Employer

Date