

HOPE COLLEGE

Waiver of Benefits

I, (please print) _____, am accepting/declining the following benefits, if eligible according to the Employee Handbook, afforded to me as a Hope College employee. I absolve Hope College of any responsibility they had in providing me benefits including but not limited to retirement, life insurance, disability insurance, health insurance, tuition waivers and paid leave time.

<u>Benefit</u>	<u>Accept</u>	<u>Decline</u>
Health Insurance	<input type="checkbox"/>	<input type="checkbox"/>
Retirement	<input type="checkbox"/>	<input type="checkbox"/>
Long Term Disability	<input type="checkbox"/>	<input type="checkbox"/>
Life Insurance	<input type="checkbox"/>	<input type="checkbox"/>
Tuition Waiver	<input type="checkbox"/>	<input type="checkbox"/>
Paid Leave Time	<input type="checkbox"/>	<input type="checkbox"/>

Signature of employee

Date

Witness

Date