



# The Village of Bald Head Island

## *Waiver of Benefits*

I, \_\_\_\_\_, have been advised of the benefits available to me as an employee of the Village of Bald Head Island and choose to waive the following:

- \_\_\_\_\_ Medical insurance
- \_\_\_\_\_ Health Savings Account
- \_\_\_\_\_ Dental insurance
- \_\_\_\_\_ Vision insurance
- \_\_\_\_\_ Optional accident insurance
- \_\_\_\_\_ Optional critical illness insurance
- \_\_\_\_\_ Optional dependent life insurance

All employees are covered on the Village of Bald Head Island's life insurance program and all employees are covered for short-term disability.

Print Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_