



EDUCATIONAL SERVICE CENTER
of Lorain County

INSURANCE WAIVER FORM

This certifies that _____ was offered the following insurance(s) provided by the Educational Service Center of Lorain County. Initial the insurance(s) you are waiving and sign at the bottom.

Hospitalization Insurance

Dental Insurance

Vision Insurance

Life insurance is available even if you waive the others but if you want to waive it as well check below.

Life Insurance

Address _____

City _____ Zip Code _____

Social Security Number

Employee Signature

Date

Start Date _____ Eligibility Date _____ Received _____ ACA Invoicing