



Health Ins Opt-Out Incentive Fax Cover Sheet

FAX

To:	UW System Service Center Benefits (Health Insurance Opt-Out Incentive)	Institution:	_____
Fax:	(608) 890-2327	Institution Representative:	_____
Date:	_____	Pages (including cover sheet):	_____
Employee Name:	_____		
Empl ID:	_____		

- Verify Section 1: Applicant Information is complete.
- Verify Section 2: Spouse Information is complete (if married).
- Verify Section 12: Decline Health Insurance and Elect Opt-Out Incentive is marked Yes.
- Verify Section 13: Signature/Date required is completed.
- Complete Employer Section

Notes: