



Health Insurance Opt-Out Incentive Fax Cover Sheet

FAX

To: UW-Shared Services, Service Operations
(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: