

EMPLOYEE INFORMATION - PLEASE PRINT LEGIBLY

EMPLOYEE NAME	STATUS FT PT36 PT32
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Opt Out:

I elect to waive my enrollment in AMI's medical and prescription insurance plan with Horizon Blue Cross and Express Scripts.

In return for waiving health and prescription coverage with Horizon Blue Cross and Express Scripts, I will receive an additional \$70 per pay period for the 26 pay periods from November 1, 2014 (or my normal enrollment date if after November 1, 2014) through October 31, 2015.

In order to receive this Opt-Out Benefit, I must provide the Human Resources Department with proof of my current health and prescription coverage.

By completing and signing this document, I understand the following:

- If I want to continue to opt-out of future plan years, I will need to make this election during the open enrollment period each year.
- I am making a binding election for the period November 1, 2014 through October 31, 2015.
- I may stop the waiver and enroll in the benefits during this benefit year ONLY IF there is an employment and/or family status that causes me to lose my current health and prescription coverage.

EMPLOYEE SIGNATURE

DATE

IMPORTANT:

Attach a copy of your current valid health insurance coverage card with this form upon submission.