

**PREMIUM ONLY PLAN (POP)
NOTICE OF WAIVER
JANUARY 1- DECEMBER 31, 2019**

I, _____, wish to “waive” participation in the Premium Only Plan (POP) for the benefits plan year of January 1 through December 31, 2019. I understand by signing this waiver my benefits will be deducted from my pay as an after-tax deduction. I further understand that my enrollment to this program will be up for renewal on January 1, 2020.

Employee Name (print)

Agency Name and Number

Employee Signature

Date

Fax to:

Deadline:

No late submission of the POP Waiver will be granted