



## Medical Insurance Waiver Form

I \_\_\_\_\_ elect to waive medical benefits offered through Allied Resources Technical Consultants, Inc.

I understand that I can apply for coverage **only** as a new hire, at the annual open enrollment period, or with a lifestyle change. I understand that I must notify the company within 30 days from the qualifying lifestyle event if I wish to enroll at that time. (Lifestyle events include: marriage, divorce, death of dependent or spouse, birth, adoption, or loss of employment by spouse causing loss of benefits coverage.)

Please check one of the following.

- I am covered under my spouse's plan.
- I have coverage through another employer.
- I have no coverage at all.
- Other

Insurance Company name and Group # of current plan. Attach photocopy of insurance card(s).

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If you are interested in enrolling in Allied's Medical/Dental plans as a new hire, please contact Kam Kaur at 610.423.4601 or [kkaur@alliedresourcesstaffing.com](mailto:kkaur@alliedresourcesstaffing.com) for complete details information.

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Employee Signature

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Date

**Allied Resources Technical Consultants, Inc.**  
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