



BENEFITS WAIVER FORM

If you are waiving your Medical coverage, you MUST waive coverage online or via telephone in addition to completing this form. This form is to be submitted, along with proof of current medical coverage, to the Benefits Office by uploading to Sinai Cloud at https://ejis.fa.us6.oraclecloud.com/ under the "Document Records" icon on the Benefits home page.

- I understand that I MUST waive my Medical coverage online in Sinai Cloud at https://ejis.fa.us6.oraclecloud.com/ or contact the Benefits Center at (646) 605-4620, in addition to submitting a completed waiver form. If I do not waive online or via telephone, I acknowledge that I will be assigned default coverage.
I understand that if I waive Medical coverage, I will not be entitled to claim any benefits under the corresponding Mount Sinai Health System benefit plans.
I understand that this waiver will remain in effect for future years, unless a qualifying event occurs, or I select coverage during open enrollment in subsequent years.
I understand the importance of verifying that I am in fact covered by the plan(s) cited below before waiving Medical coverage for Mount Sinai.

I hereby waive the Medical/Prescription coverage offered by The Mount Sinai Health System through the Benefits Plan. I attest that I am currently covered under the following hospitalization/medical/surgical and prescription plan.

Policy Name: _____

Policy Number: _____

Name (Print)

Soc Sec #/ Life Number/ Employee ID #

Signature

Date

Please complete this form and upload to Sinai Cloud along with proof of current medical coverage.