



**Benefits Declination Form**

*Health Care Benefits*

As a member of the CESC program, I, \_\_\_\_\_ (member name), am entitled to health care benefits, but I am hereby declining those benefits because I am covered by another plan as a subscriber or as a dependant.

Insurance Company \_\_\_\_\_

Policy # \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_

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*Child Care Benefits*

\_\_\_\_ I do not have children.

\_\_\_\_ I am a full-time member or serving in a full-time capacity and entitled to child care benefits. I am hereby declining those benefits.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_

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*Loan Forbearance*

\_\_\_\_ I do not have outstanding student loans.

\_\_\_\_ I have qualifying student loans, but I am declining loan forbearance.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_