



# REQUEST FOR WAIVER OF PROBATION PERIOD

Employee Name: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Job Title: \_\_\_\_\_

Account Name: \_\_\_\_\_

Account Number: \_\_\_\_\_

Amount of Employer Contribution to Premium: \_\_\_\_\_

Date Employer Contribution will Begin: \_\_\_\_\_

Reason for the Request:

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\_\_\_\_\_  
\_\_\_\_\_  
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\_\_\_\_\_  
\_\_\_\_\_

Name (please print) and Title: \_\_\_\_\_

Signature (Required): \_\_\_\_\_ Date: \_\_\_\_\_

This form must be signed by an owner, officer, or personnel manager of the group. It should be sent with the employee's enrollment, and must be received within 31 days of employment.