

475 East Waterfront Drive  
Homestead, PA 15120  
(412) 394-5700  
www.aiu3.net



## HEALTH INSURANCE ACKNOWLEDGEMENT

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

Address: \_\_\_\_\_  
\_\_\_\_\_

I, hereby, acknowledge that I have received an offer of Health Insurance coverage for myself and my dependents by the Allegheny Intermediate Unit.

I understand that I cannot change or revoke my election unless a Qualifying Life Event occurs for the applicable benefit or during Open Enrollment from May 15 – June 15.

Completed enrollment forms and documentation of qualifying Life Events will be required within 31 days for the event. Examples of Qualifying Life Events include Marriage, Divorce, Birth/Adoption of a child, and Loss of Coverage from another Health Care Provider. Contact the Human Resources Department for Information regarding Qualifying Life Events.

\_\_\_\_\_  
(Employee Signature)

\_\_\_\_\_  
(Date)