



**NORTH PARK
UNIVERSITY**
CHICAGO

**North Park University
Decline Insurance**

This form verifies that I, _____, have been made aware of the insurance benefits at North Park University. At this time, I am choosing to decline the following:

Medical

Dental

Vision

Flexible Spending

I understand that unless I have a qualifying event, the only time I will be able to purchase this insurance in the future is during the open enrollment period.

Employee

Date