

Money Saver Benefit

Program Waiver

I have been offered the opportunity to participate in the Money Saver Benefit program offered by my employer.

I understand my only obligation is to meet with the representative and provide information on selected insurance programs.

I understand there is no obligation.

I hereby waive participation and hold harmless my employer for any benefit or improvements that could have been secured.

X \_\_\_\_\_

Date \_\_\_\_\_

\_\_\_\_\_

Printed name

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