## 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.

Printed name

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

x	Date
Printed name	_
Money Saver Program W	
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