

## REQUEST FOR WAIVER OF PROBATION PERIOD

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

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

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

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

Account/Group Number: \_\_\_\_\_

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

Date Employer Contribution will begin: \_\_\_\_\_

Reason for the request:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Signature: \_\_\_\_\_

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

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 form, and must be received within 31 days of employment.