

**REQUEST FOR
WAIVER OF PROBATION PERIOD**

Name of Employee: _____

Social Security Number: _____

Job Title: _____

Group Name: _____

Group Number: _____

Amount of Employer Contribution to Premium: _____

Date Employer Contribution will begin: Month _____ Day _____ Year _____

Reason for 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.