

## MEDICAL SERVICES PLAN WAIVER FORM

Human Resources, Langara College  
100 West 49<sup>th</sup> Avenue, Vancouver, BC V5Y 2Z6

### Section 1: Employee Information

☐ Administrator ☐ BCNU ☐ CUPE ☐ LFA

Employee ID Number	Department
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Last Name	First Name
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MSP Effective Date (YYYY/MM/DD)	
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### Section 2: Medical Service Plan Waiver

I chose to waive the Medical Services Plan coverage because:

- ☐ I am currently covered under my spouse's plan
- ☐ I am currently covered under another employer's plan
- ☐ Other (please specify) \_\_\_\_\_

### Section 3: Employee Signature

Employee's Signature	Date
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