CALIFORNIA ASSOCIATION FOR FAMILY CHILD CARE
CAFCC

Dedicated to the Welfare of Children

VANTAGE
BUSINESS SUPPORT & INSURANCE SERVICES

Employee waiver Form

I have been offered group health coverage through CAFCC (Health Plan) by my employer

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Employer / Company Name

I have voluntarily choose not to enroll in this health plan through my employer at this time. I understand that my next opportunity to enroll myself or my eligible dependents will be during the next open enrollment period.

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Print Employee Name

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Employee Signature

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Employee Social Security Number

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Date

You can mail / fax / e-mail these documents to:

Vantage Business Support & Insurance Services
CAFCC Benefits Program
2363 Mariner Square Dr., Ste. 240
Alameda, CA 94501

Fax: 510-595-0930
e-mail: stevec@vantagebss.com