

Notice of Personal Information

The following notice is provided in accordance with Section 559.003(a) of the Texas Government Code:

- 1. With few exceptions, you are entitled on your request to be informed about the information The University of Texas System Administration collects about you;**
- 2. Under Sections 552.021 and 552.023 of the Texas Government Code, you are entitled to receive and review the information; and**
- 3. Under Section 559.004 of the Texas Government Code, you are entitled to have The University of Texas System Administration correct information about you that is held by The University of Texas System Administration and that is incorrect, in accordance with the procedures set forth in The University of Texas System Business Procedures Memorandum 32, *Texas Public Information Act*.**

The information that The University of Texas System Administration collects will be retained and maintained as required by Texas records retention laws (Section 441.180 et seq. of the Texas Government Code) and rules. Different types of information are kept for different periods of time.

The University of Texas System
Certification of Health Insurance Waiver/Declination Election

- I elect to **waive** health plan coverage offered to me as an employee/retiree of The University of Texas System. I understand that, by doing so, I may apply one-half (1/2) of the premium-sharing dollars to which I am entitled, to other health or optional insurance coverages. Additionally, I understand that, if I choose to enroll in a health insurance plan offered by The University of Texas System at a later date, I may be subject to meet Evidence of Insurability requirements.

Employee Signature

Date

Witness/HR Representative

Date

- I elect to **decline** health plan coverage offered to me as an employee/retiree of The University of Texas System. I understand that, by doing so, I renounce my claim to the premium-sharing dollars to which I am otherwise entitled, as stated in the Texas Insurance Code, Chapter 1601. Additionally, I understand that, if I choose to enroll in a health insurance plan offered by The University of Texas System at a later date, I may be subject to meet Evidence of Insurability requirements.

Employee Signature

Date

Witness/HR Representative

Date