
UNIVERSITY HUMAN RESOURCES**Waiver of Supplemental Benefit Credit**

Employee Name: _____

Employee #: _____

E-Mail ID: _____

Date of Birth: _____

Effective with the first pay period following receipt of this form by the University of Virginia Benefits Office, I am electing to waive the Supplemental Benefit Credit. I understand this benefit provides up to \$300 per year which is applied each pay period to offset benefit expenses. If I decide to re-enroll in the Supplement Benefit Credit, I must notify the University of Virginia Benefits Office in writing and the credit will be activated the first pay period following notification.

ACCEPTED AND AGREED:

By: _____ Date _____