

**Employee Election to Reject Coverage; and  
Election to Waive the Rejection of Coverage for Excluded Persons**  
*Pursuant to NRS 616B.656*

Employee Name: \_\_\_\_\_

Social Security #: \_\_\_\_\_

Employer Name: \_\_\_\_\_

Employer Address: \_\_\_\_\_

**NOTICE OF ELECTION TO REJECT COVERAGE**

Employee Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**NOTICE OF ELECTION TO WAIVE THE REJECTION OF COVERAGE**

Employee Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**Refer to Election of Coverage by Employer Form**

**FOR IIRS USE ONLY**

**Method of Transmission**

First Class Mail [    ] Electronic Transmission/Fax [    ] Personally Served [    ]

Date Notice Received: \_\_\_\_\_