



International Opt Out Request Form

I hereby exercise my right to waive participation in the international medical and dental insurance plan offered through my employer, Reliant, in order to enroll in the governmental national health insurance plan of the host country I am serving in, as a Reliant international missionary.

It is my judgement that I have adequate financial resources to meet the needs which may arise for myself and my dependents that would ordinarily be covered by the Reliant medical and dental insurance that I am refusing.

I understand that, depending 100% on the national health plan of my host country, I may need to secure my own medical and dental insurance supplemental coverage (including medical evacuation) for short-term visits to the United States including my missionary furlough and for any travel outside of my host country.

I understand that in declining Reliant international medical and dental insurance for my eligible dependents and myself, I am ultimately legally responsible for all medical and other expenses incurred during the course of my Reliant employment which would have been covered by the medical and dental insurance I have declined.

I clearly understand that Reliant, as my employer, does not advise this action. I understand that my employer bears no liability for expenses incurred that would have ordinarily been covered by the medical and dental insurances that I am declining.

I have discussed this matter with all of my spouse and family members and have advised them of the ramifications of my declining this insurance coverage.

Signature: _____ Date: _____

Reliant office use only:

Approved by: _____ Date: _____

Upon approval, a confirmation copy of your signed waiver will be returned to you for your records.