



# MEDICAL INSURANCE DECLINATION FORM

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BCBS Medical Insurance Open Enrollment  
Coverage Year 12/01/2023 - 11/30/2024

You have been given the opportunity to enroll in medical health insurance with Billings Productions, Inc. (“BPI”).

Your signature below acknowledges that you have received, read, and understand the information about the offered medical plans and are choosing to decline all medical coverages. **If you will be electing a medical plan and completing your enrollment forms, please leave this page blank.**

\_\_\_\_\_  
Employee’s Name (Print)

\_\_\_\_\_  
Employee’s Signature

\_\_\_\_\_  
Date