



RECEIPT OF INSURABILITY STATEMENT

I, _____ recognize that should an offer of
(Print Name)

employment occur and I accept, I will be subject to an approval process by the city's third party administrator which may result in me and/or my dependents being denied health insurance coverage.

I understand that the City of Clinton cannot guarantee health insurance coverage and does not have the ability to cover one under its health insurance plan. Such determination is solely and exclusively made by the third party administrator.

I further understand that if approved prior to the effective date of coverage and a medical event occurs with myself and/or my dependents before coverage is effective, I will be required to complete a new Evidence of Insurability Form which will have to be reviewed and approved by the Third Party Administrator.

My signature below acknowledges that I have read and understand this statement.

Applicant Name

Date