

**PENNSYLVANIA INSTITUTE OF TECHNOLOGY
EMPLOYEE MEDICAL COVERAGE ELECTION FORM**

1. I, _____, am waiving the group medical coverage being offered by Pennsylvania Institute of Technology because I have coverage elsewhere.

My coverage is with _____
and my policy number is _____.

Signature _____

Date _____ / _____ / _____

2. I am electing coverage with Aetna.

Signature _____

Date _____ / _____ / _____