

Sam Houston State University Human Resources

Insurance Waive Form for Graduate Students

Social Security Number	ERS ID	Employment Effective Date	
Employee First Name	Middle Name	Last Name	
Eligibility County	Mailing Address		
City	State	ZIP Code	Phone Number <input type="checkbox"/> Home <input type="checkbox"/> Cell
Email Address	Gender	Date of Birth	
	M F		
Agency Name	Dept ID/Agency Number	Employee Class	Insurance Pay Rate
Sam Houston State University	0753	GRD	

/LIH LQVXUDQFH 6KRUW

DFFRXQW

Signature

Sam ID

Date

Department

Human Resources Department
www.shsu.edu/hr

opp
Enr