Putnam County Personnel Department
Health Insurance upon Exiting

I _____ understand that I am entitled to Health Insurance at the employee premium rate until April 30th, 2025, following my March 28, 2025 resignation date. I understand that this will be removed from my vacation accrual payout.

At this time, I wish to discontinue my health coverage and understand my last day of health insurance coverage will be March 31, 2025.

_____ _____

Signature of Employee Date

Witness:

_____ _____ _____

Print Name Signature Date