



HEALTHCARE POLICY & BENEFIT SERVICES DIVISION  
165 Capitol Avenue, Hartford, CT 06106  
860-702-3543

CO-1305 (Rev. 01/2021)

REHIRED EMPLOYEE'S WAIVER OF  
RIGHT TO RESTORE PRIOR SERVICE CREDIT  
FOR RETIREE HEALTHCARE ELIGIBILITY

I, \_\_\_\_\_, hereby waive my right to obtain credit for prior service with the State of Connecticut by repaying the amount previously refunded to me for my contributions to the Retiree Health Fund. I understand by declining to repay the previously refunded amount within 60 days of returning to service that I will forever forfeit my right to obtain credit for such prior service for purposes of qualification for retiree healthcare coverage.

I understand that this waiver cannot be revoked.

Executed this \_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_.

By: \_\_\_\_\_  
Print Name

\_\_\_\_\_  
Signature



*This Section To Be Completed by Member. Please write legibly.*

Employee ID:

Employee Last Name:

Return Completed Form to: OSC, Employee Benefits Unit, Healthcare Policy & Benefit Services Division  
165 Capitol Avenue, Hartford, CT 06016-1775

