

WAIVER FORM

for

**Blood Bank of Delaware
Group Plan**

I have reviewed the details of Blood Bank of Delaware's Group Program, and do not wish to become a member at this time.

Date

Signature

Application for Membership in the Blood Bank's Protection Plan

(First) (M.I.) (Last) Date: _____

Street Address _____

City _____ State _____ Zip _____

Social Security No. _____ Date of Birth _____

Telephone (home) _____ (business) _____

Name of Spouse _____ Social Security No. _____

**Relationship of Spouse applies to Spouse or Civil Union Spouse*

Your Employer STATE OF DE - RETIREE

To transfer your membership into this group, please provide your current membership number _____

(If you provide your spouse's number, the membership will be transferred to this group under your name)

I understand that all new members are required to fulfill a blood obligation shortly after joining. I also understand that my group sponsor is not responsible for that obligation.

Signature