



College of Micronesia – FSM  
Human Resources Office  
P.O. Box 159, Kolonia, Pohnpei FSM 96941  
Tel: (691)320-2480/2481

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**DISCLAIMER & LIABILITY LIMITATION FORM**

I understand that my participation in the FSM MiCare Plan through the College of Micronesia – FSM is optional. The College of Micronesia – FSM is making payroll deductions only as per my instruction and desire to enroll in the program. I further understand that the College will continue with payment of its share of the premiums on my behalf only as long as I keep up with my share of the premium through payroll deduction biweekly. If I am placed on leave without pay for any period of time during my enrollment, I understand that I am responsible for making alternative payment arrangements directly with the FSM MiCare Plan. I am also responsible for informing the College so that payment of my employer’s share of the premium continues.

My signature below indicates my understanding of the above statement and my personal responsibility toward my health insurance coverage.

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[Print] Name Employee

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Signature of Employee

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Date

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