

NON-CASH WAIVER OF HEALTH INSURANCE BENEFITS
Summit Board Of Education
Plan Year 2016-2017

Eligible employees have the choice to elect or waive health coverage (medical insurance). During the Open Enrollment Period eligible employees may choose to "opt-out" of the district's insurance benefits. Employees choosing to "opt-out" will be required to sign this release.

I DO wish to participate in the Waiver Program by waiving my medical coverage.

I understand that I am not eligible for any cash compensation in return for my waiving coverage.

Check Box, Read and Sign Below.

I hereby waive the above-indicated coverage for the period of July 1, 2016 through June 30, 2017.

I also recognize the following criteria for re-entry to the insurance program:

1. Employees and dependent children have the option to waive or re-enter the health insurance programs by completing an enrollment application during the open enrollment period.
2. The decision to waive coverage cannot change until the next open enrollment period. Since employees electing to waive coverage will be doing so because they may have coverage through their spouse, a Qualifying Event provision for re-entry is available. This provision allows employees and dependent children to re-enter the program on an immediate basis. The provision allows for re-entry only in the following situations which result in the loss of coverage through a spouse:
 - Termination of Employment
 - Divorce (copy of decree required)
 - Loss of Health Insurance
 - Death (copy of certificate required)
 - Group Contract/Policy Terminated
 - Military Discharge (Form DD214 required)

Employee Signature

Date

Print Employee Name

Date

Human Resources Officer

Date