

SOUTHWESTERN COLLEGE SCHOOL DISTRICT

MEDICAL INSURANCE WAIVER

I voluntarily waive district medical insurance coverage for plan year, 01/01/2017 – 12/31/2017, as a benefit of my employment in the Southwestern College District, and I release and hold harmless the Southwestern College School District from any liability resulting from this action. I make the waiver based on the following:

- That the district has offered me medical insurance coverage.
- That I decline to accept such coverage at this time.
- That, by signing this waiver, I am certifying I am covered by a **MEDICAL INSURANCE PLAN** under the

Sponsoring Employer (if applicable)

Insurance Plan and Number

- That I will not be able to enroll in any district medical insurance plan until the next open enrollment period, unless one of the following qualifying events occurs, **AND I NOTIFY THE DISTRICT BENEFITS DEPARTMENT WITHIN 30 DAYS OF THE EVENT:**
 1. Death of spouse
 2. Termination or commencement of employment of spouse or change in spouse's employment status
 3. Marriage or divorce
 4. Birth or adoption of child
- That I must enroll in the District life insurance plan.
- That I must enroll in a District dental insurance plan.
- That I renew this waiver annually during open enrollment.

I have read, I understand, and I agree to the above.

PRINT NAME_____

SS#_____

SIGNATURE_____

DATE_____