## SOUTHWESTERN COLLEGE SCHOOL DISTRICT

## MEDICAL INSURANCE WAIVER

I voluntarily waive district medical insurance coverage for plan year, 01/01/2014 - 12/31/2014, 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.

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Sponsoring Employer (if applicable)	Insurance Plan and Number

That, by signing this waiver, I am certifying I am covered by a MEDICAL INSURANCE PLAN

- 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

under the

- 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.

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

• That I renew this waiver annually during open enrollment.

PRINT NAME	SS#			
SIGNATURE	DATE			