

SOUTHWESTERN COLLEGE SCHOOL DISTRICT

MEDICAL INSURANCE WAIVER

I voluntarily waive district medical insurance coverage for the plan year 01/01/2015 – 12/31/2015 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 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** _____