

WAIVER OF HEALTH INSURANCE

In accordance with the Agreement between the Litchfield School Board and the Litchfield Education Association, Article VI – Insurance Provisions, Section A., a teacher who elects no health insurance shall receive an annual payment of \$1,000. To receive this payment, a teacher must sign a waiver and show proof of other insurance coverage.

I _____, elect no health insurance coverage

For the 2014-2015 year. I have attached proof of other insurance coverage.

I understand that the Office of the Superintendent **must** receive this form no later than October 10, 2014 to receive the annual payment of \$1,000.

Equal installments of \$62.50 will be included in paychecks beginning on October 23, 2014 and extending through May 21, 2014 (16 pay periods).

Signature of Employee

Date