



Medical Insurance Waiver Statement

Employee Name: _____ ID# _____
Position: _____

Employees who are eligible for medical insurance may elect to waive their right to medical insurance coverage for themselves and their spouse/dependents, if any, if they prove that they have medical coverage from a source other than the District.

If an employee waiving medical insurance coverage loses medical insurance during the waiver period due to divorce, legal separation, spouse's death, termination of employment or from some involuntary situation over which the employee has no control, the employee may revoke his/her waiver and obtain medical insurance coverage from the District.

I elect to waive the following benefits:

- Medical (Provide proof of coverage)
- Dental (Provide proof of coverage)
- Vision
- Basic Life

Signature

Date