

Ellsworth School Department

**Statement of Declination of ESD Health Insurance Coverage and
Attestation of Coverage of Self and Dependents for Educational Technicians**

Name: _____

Date: _____

School: _____

Position: _____

Please check all that apply:

_____ I decline the health insurance coverage offered to me by the Ellsworth School Department.

_____ I and all other individuals for whom I reasonably expect to claim a personal tax exemption for the taxable year(s) that begin or end with my employer's health plan year have or will have the minimum essential coverage required by law (other than coverage in the individual market) during the period of coverage.

Signature

Date