

NORTHWESTERN LOCAL SCHOOL DISTRICT

I understand that I am eligible to receive insurance coverage through Northwestern Local Schools, but at this time I am declining the coverage. Coverage will only be available again during open enrollment periods or if I lose my current coverage.

Please initial the type of insurance coverage declined:

_____ Medical* _____ Dental _____ Vision _____ Life

*By negotiated agreement, an employee who is eligible for medical insurance but does not take the insurance may receive \$250 per month for each month not covered by the district's medical insurance.

Employee Signature

Date