

# BERKSHIRE LOCAL SCHOOLS

## WAIVER OF HEALTH INSURANCE COVERAGE

2016/2017

To: Treasurer of Berkshire Board of Education

It is my intention to waive health insurance coverage through Berkshire Board of Education.  
Please provide the following information:

\_\_\_\_\_ Single Coverage  
\_\_\_\_\_ Employee and Spouse Coverage  
\_\_\_\_\_ Family Coverage  
\_\_\_\_\_ Other

\_\_\_\_\_  
Insurance Company and Policy Number

\_\_\_\_\_  
Print Employee Name

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date

Reimbursement amounts are subject to the negotiated agreement.

Amounts currently are \$2,000 for Single, \$3,000 for Middle-level and \$4,000 for Family Coverages.