

BERKSHIRE LOCAL SCHOOLS

WAIVER OF HEALTH INSURANCE COVERAGE

2018/2019

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.