

BERKSHIRE LOCAL SCHOOLS

WAIVER OF HEALTH INSURANCE COVERAGE

2010/2011

To: Treasurer, 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

Employees Signature

Date Signed