

BERKSHIRE LOCAL SCHOOLS

WAIVER OF HEALTH INSURANCE COVERAGE

2011/2012

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

Employee Signature

Date