

**AMHERST EXEMPTED VILLAGE SCHOOLS
550 Milan Avenue
Amherst, OH 44001**

INSURANCE WAIVER FORM

This certifies that _____ was offered the following
Print Employee Name
insurance(s) provided by Amherst Exempted Village Schools. **Initial the insurance(s) you are
waiving and sign at the bottom.**

Health Insurance

Dental Insurance (subs not eligible)

Date

Employee Signature

By entering your name electronically on this form you are agreeing that your electronic signature is the legal equivalent of your manual signature (Board Policy 6107).