



School District of the City of Pontiac
Human Resources Office

I choose to **opt out of the medical, dental, life, ltd, and optical benefits** with Pontiac Schools. For opting out, I will receive \$140.00 per month in a TSA/403b/457 plan through GLP. The \$140.00 will be deposited on the first pay of each month once an account with GLP has been established.

Name

Date

Signature

Phone