



Grants Pass School District
Group Health Coverage Opt Out Incentive Program
Notification and Opt Out Verification Form

The Grants Pass School District Group Health Coverage Opt Out Incentive Program is available to any insurance eligible District employee who opts out of all District approved health care coverage options (medical/pharmacy, dental and vision), provides proof of other *medical and prescription group health care coverage* in the form of a copy of wallet ID from another insurance carrier or similar documentation and executes this District provided Health Care Coverage Opt Out Form.

I hereby opt out/waive all district (medical, dental, and vision) insurance coverage through the Grants Pass School District at this time. I have attached proof of other group medical insurance coverage in the form of a copy of wallet ID from another insurance carrier or similar documentation. I understand that if I opt/out waive coverage at this time, I must wait until the next Health Insurance Open Enrollment period to re-enroll unless I meet the criteria under "The Qualified Status Changes". (Additional information on Qualified Status Changes is available in the Employee Benefits Handbooks at <https://www.odscompanies.com/oebb/members/handbooks.shtml>.)

Name of Employee (please print)

Employee ID

Signature

Date

Return this form and proof of other group medical insurance coverage to the Grants Pass School District Office: 725 NE Dean Drive, Grants Pass, OR 97526.