Your future begins here.
Region 14 Schools
Serving the Towns of Bethlehem and Woodbury

HEALTH BENEFITS WAIVER FORM

Employee Name:			
Last	*First*	*Middle Initial*	
Date of Employment:			
Date of Birth:			

I was given the opportunity to enroll in a group insurance health plan offered by my employer and insured by ConnectiCare.

(Note: Benefits provided on a noncontributory basis cannot be funded.)

I am declining to enroll for the reason shown below:

- ☐ Covered by spouse's group coverage
  Carrier Name and Member ID: _____
- ☐ Enrolled in another Insurance Carrier Plan
  Carrier Name and Member ID: _____
- ☐ Covered by Medicare
- ☐ Other (*Please explain*)_____

I acknowledge I have been given the opportunity to apply for this medical coverage. However, I am electing not to enroll. By declining this group health coverage I acknowledge that I and my dependents (if any) may have to wait until the plan's next anniversary date to enroll for group health coverage.

_____

Employee Signature Date

The Regional School District 14 Board of Education does not discriminate on the basis of race, color, religion, marital status, national/ethnic origin, age, sex, gender identity or expression, sexual orientation, or disability in its programs, activities, and employment practices as set forth in compliance with the Office of Civil Rights, Title VI, Title IX, and Section 504. Any person having inquiries concerning Regional School District 14 Public Schools' compliance with Section 504, Title VI or Title IX should contact: Dina Ericson, Interim Director of Student Services, Regional School District 14, 5 Minortown Rd., PO Box 469, Woodbury, CT 06798 (203) 263-6356.