

BERKSHIRE LOCAL SCHOOLS

WAIVER OF HEALTH INSURANCE COVERAGE

2021/2022

This form must be accompanied by a Certificate of Eligibility from your Health Insurance Company. This will include all covered members on your plan.

To: Treasurer of 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

Reimbursement amounts are subject to the negotiated agreement.