

**DALEVILLE CITY BOARD OF EDUCATION
626 NORTH DALEVILLE AVENUE
DALEVILLE, AL 36322**

334.598.2456

www.daleville.k12.al.us

TO: Daleville City Board of Education
Payroll Office

RE: Insurance Coverage

I, _____, hereby certify that I have been offered hospital/medical
(Print first and last name)
insurance through P.E.E.H.I.P (Blue Cross/Blue Shield of Alabama), but hereby decline this coverage
because I have coverage through my spouse.

Employee Signature

Witness

Date