

River Valley School District
HEALTHCARE COVERAGE WAIVER

I, _____, am electing to forego the district healthcare coverage that meets the Affordable Care Act minimum essential coverage requirement. In electing to forego the health care coverage I accept in its place the monetary payment as provided in the collective bargaining agreement, I HEREBY RELEASE the Blairsville-Saltsburg School District and applicable union from any and all claims that may arise out of my decision to forego such health care coverage, including any and all financial liability that I may be subject to as a result of my election to forego such health care coverage.

I shall be entitled to return to the District's Healthcare program if I experience a qualifying life event as defined in Section 125 of the Internal Revenue Code. A "Qualifying Life Event" includes, but is not limited to, a change in marital status (marriage, divorce or legal separation as defined by the state), number of dependents (birth, adoption, placement for adoption and death), employment status, dependent satisfies or ceases to satisfy eligibility requirements, and a change in residence to a location outside of a healthcare plan's service area.

I understand that this waiver shall remain in effect unless I have a Qualifying Life Event where I shall notify the district in writing to withdraw this Healthcare Coverage Waiver and have my health care coverage reinstated.

Employee signature

Date

Union President signature

Date

Notary signature

Date