

RETIREE DECLINATION OF HEALTH BENEFITS

I, _____, understand that as a retiree of Pleasant Valley School District, I am eligible to continue the same district coverage that active employees enjoy. If I do not elect SISC coverage, my spouse/dependents may not participate in any SISC coverage. If I do not enroll in dental and/or vision coverage at the time of my retirement, I may not enroll in dental and/or vision at any subsequent date.

I have chosen to enroll in the following product(s) and the enrollment form(s) for me and my eligible dependent(s) is/are attached: Effective Date: _____

- Dental and vision only
- Dental only
- Vision only

Or

I decline any and all coverage - Effective Date: _____

I understand that by declining district coverage and the individual retiree plan coverage offered through SISC, that I give up my right to enroll in any SISC coverage at any subsequent date. I further understand that my decision is irrevocable.

SIGNATURE: _____ Date: _____

