PITTSBURG COMMUNITY SCHOOLS USD 250

510 Deill, PO Drawer 75, Pittsburg, KS 66762 Phone: (662) 235-3100 Fax: (662) 235-3106

USD 250 Group Insurance Participant Waiver Form

Date: _____

Employee name: _____

Department: _____

Position: _____

□ I acknowledge I have been offered the opportunity to enroll myself and eligible family members in USD 250 group health insurance plan.

□ I decline to enroll myself or my eligible family members in the group health insurance plan.

_____

□ I have other medical coverage provided by:

Employer Name: _____

Insurance company name: _____

Policy/group number: _____

Signature: _____ Date: _____