

RyeNeck Schools

TO: Rye Neck UFSD

DATE: _____

RE: State-Wide School Cooperative Health Plan

CC: Personnel

I have been given the option of joining the district's health plan. At this time I do not wish to participate in the health plan. Therefore I waive all rights to receive benefits under the plan. Should I change my mind later on, I understand that I must wait for an available open enrollment month or notify the human resources department of a life qualifying event.

Print Name

Signature