

# Watertown City School District Health Insurance Waiver

“By my signature below, I acknowledge that the Watertown City School District has offered me the opportunity to enroll in a comprehensive medical insurance plan for the \_\_\_\_\_ school year. At this time, I have knowingly and voluntarily waived my right to coverage by declining to accept such enrollment and acknowledge that I may not be able to enroll in the district’s health insurance until the next open enrollment period. I assume full responsibility for any consequences resulting from my declination of coverage which may arise under the Affordable Care Act and/or any other state or federal law.”

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Printed Name

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Signature

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Insurance you are covered under.