Washoe County School District: Waiver of Contributions Employee Request

As an employee of Washoe County School District (hereinafter WCSD), I am requesting a waiver of the "District paid" portion of my health insurance premium. This covers my medical, dental, vision, and life insurance while I am in an unpaid status and on an approved leave of absence due to my own medical restrictions.

Requirement List:

☐Y ☐N I have been employed with WCSD for a minimum of 6 months.

☐Y ☐N I have used all of his/her sick leave and vacation leave.

☐Y ☐N I am no longer receiving any income from employement other than Workers' Compensation benefits.

☐Y ☐N I am on an approved Leave of Absence.

☐Y ☐N I have a reasonable prognosis of returning to full employment with the WCSD within 6 months from the time the individual went on an approved leave of absence, whether paid or unpaid.

☐Y ☐N I have been hurt on the job, sustained serious injury or non-induced illness.

I understand that I will be notified by the Human Resources- Benefits Department if my waiver of contributions request is approved. I further understand that I am responsible for any premium costs for the dependent coverage and/or supplemental life insurance should I have it. Checks are made out to: "WCSD Health Insurance Fund" and mailed to PO Box 30425, Reno, NV 89520-3425 or you may bring them to the Benefits Department office at 425 E. Ninth St. Reno, NV 89521. Payments are due by the 25th of each month. I will contact American Fidelity at 775-829-1313 to arrange payment for any optional benefits that I may have with them.

Phone:

Email:

SS#:

Name:

Date:

Signature: