LIFE ONLY BENEFIT

LAKE ELSINORE UNIFIED SCHOOL DISTRICT
SAFETY/RISK SERVICES
545 Chaney St, Lake Elsinore, CA 92530
Phone (951)253-7138 Fax (951)253-7125
Robert Recatto, Director: Safety/Risk Services
Cara Quinn, Benefits/Risk Mgmt Tech

CSEA

WAIVER OF PARTICIPATION IN A DISTRICT MEDICAL/DENTAL/VISION PLAN

For Full-Time Employees Only

I, _____ (Print your name), as an employee of Lake Elsinore Unified School District, waive participation in a District sponsored medical insurance plan due to the indicated eligibility:

- ☐ Enrolled in Medicare A&B
- ☐ Enrolled in Medi-Cal
- ☐ Enrolled in Spouse/Parent
- ☐ Enrolled in Covered California
- ☐ Enrolled in Tricare(Military)

By declining, I understand I must decline all SISC benefits offered by the district and **will not receive any incentives to Opt-Out of Coverage (i.e. cash in lieu of benefits)**. I will not be eligible to enroll in a District sponsored medical plan until the next Open Enrollment period. This period occurs yearly from August 1st to August 23rd, unless my current coverage terminates. Following the loss of coverage (qualifying event), I have ONLY 30 DAYS to enroll in a District medical plan upon showing evidence of coverage loss.

Employee Signature: _____

Employee #: _____

SS#: XXX-XX- _____

Date: _____

Documentation Attached: ☐

FOR BENEFITS DEPT USE ONLY:
SCHOOL YEAR _____
EFFECTIVE DATE _____
GALAXY INPUT _____