PENNRIDGE SCHOOL DISTRICT

DISTRICT ADMINISTRATION OFFICE
1200 North Fifth Street ● Perkasie, Pennsylvania 18944

NOTICE OF HEALTH INSURANCE ELIGIBILITY

Our District offers all employees health benefits, however, the cost to you depends on the contents of your employment agreement and the number of hours you work. If your position does not meet the number of hours required to participate in cost sharing **you are still eligible to enroll.** *If you are interested in learning more about your benefit options, please feel free to call 215-453-2716 to schedule an appointment with Nicole Foster, Benefits Specialist*.

Should you wish to decline, please indicate your choice(s) by filling in the information below and signing:

I was given the opportunity to enroll in a group insurance health plan offered by my employer however, I would like to waive the following coverages:

☐ Waiving Med/RX ☐ Waiving Vision ☐ Waiving Dental

I am declining to enroll in the above options for the reason shown below:

☐ Covered by spouse's/domestic partner's group coverage
Carrier Name and Member ID: _____

☐ Enrolled in another Insurance Carrier Plan
Carrier Name and Member ID: _____

☐ Covered by Medicare

☐ Other (*Please explain)* :
_____

I acknowledge I have been offered the opportunity to enroll myself and eligible family members in Pennridge School District Group Health Plan, however, I am electing not to enroll. By declining this group health coverage, I acknowledge that I, and my dependents (if any), may have to wait until the plan's next open enrollment period to enroll for group health coverage.

Employee Signature	Employee ID#	Date
Please print name here	Position/Building	

Below is for HR use only:

Coverage Waived	Sungard entry date
Waiver Med/RX:	
Waiver Vision:	
Waiver Dental:	