

Dr. Alan R. McCartney, *Interim Superintendent, Ext. 6003*
Brian Bailey, *Assistant Superintendent, Ext. 6003*
Stephen Meier, *School Business Administrator, Ext. 6000*

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Wayne Carman, *District Treasurer, Ext. 6001*
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HEALTH AND PRESCRIPTION DRUG INSURANCE DECLINATION

This form must be completed by ALL eligible employees in order to opt out of the district’s health and prescription drug insurance plans.

Proof of other health insurance must be provided.

I _____ decline participation in the health and prescription drug insurance plans offered by the Ravena-Coeymans-Selkirk Central School District for the contract year covering **July 2015 – June 2016** and certify that coverage is provided for me by_____.
(Please provide a copy of your current insurance identification card)**

**I understand that by declining coverage offered by the district that I will be ineligible to enroll in the district’s health and prescription drug programs until the district’s next regular open enrollment period, or unless a “qualifying event”, as defined and accepted by the district’s health insurance carrier, has occurred.

Employee Name (please print)

Date

Employee Signature

(Please return all information to Sue Starr, District Office)