



# Rocky Hill Public Schools

Group Benefit Administration  
761 Old Main Street  
Rocky Hill, Connecticut 06067  
(860) 258-7706 (860) 258-7710 Fax

## GROUP HEALTH AND/OR LIFE INSURANCE WAIVER

### HEALTH INSURANCE:

I UNDERSTAND THE BOE OFFERS ME AN AFFORDABLE HEALTH INSURANCE POLICY AS REQUIRED BY THE FEDERAL AFFORDABLE CARE ACT (ACA). I DO NOT WISH TO ENROLL IN THE BOE'S POLICY OFFERED BY MY EMPLOYER AND DECIDED TO REMAIN ON MY ALTERNATE INSURANCE PLAN WAIVING HEALTH INSURANCE BENEFITS PROVIDED BY THE BOE. THIS WAIVER WILL REMAIN IN EFFECT UNTIL SUCH TIME I NOTIFY THE BOE IN WRITING OF A REQUEST TO ELECT BOE COVERAGE.

**NOTE: PLEASE ATTACH YOUR CURRENT HEALTH INSURANCE POLICY INFORMATION**  
(A copy of your insurance card will suffice.)

### LIFE AND ACCIDENTAL DEATH AND DISMEMBERMENT INSURANCE: INSURANCE WAIVER:

I DO NOT WISH TO REQUEST INSURANCE UNDER THE SUPPLEMENTAL GROUP LIFE POLICY OFFERED BY MY EMPLOYER.

I UNDERSTAND THAT IF I WISH TO RE-ENROLL OR REQUEST AN APPLICABLE LIFE INSURANCE COVERAGE INCREASE THAT I WILL BE REQUIRED TO FURNISH EVIDENCE OF GOOD HEALTH AND/OR MEET ANY OTHER REQUIREMENTS SET FORTH BY THE INSURANCE COMPANY OR ANY APPLICABLE FEDERAL OR STATE LAW OR REGULATION.

**THE ELECTIONS I MADE ABOVE WILL REMAIN IN PLACE UNTIL SUCH TIME AS I DECIDE TO MAKE A FUTURE CHANGE.**

Name:

School:

Union:

Date:

Signature: