

Newtown Pubic Schools Insurance Waiver

Employee Name (Last, First, MI)	Social Security No.
Address (No., Street, Town, State, Zip)	

Office Use

Medical Option

Anthem HSA

I decline medical coverage for myself and my family
I understand by electing this option that I am declining health coverage for myself and any eligible dependents.

Signature required if declining coverage

Dental Option

Anthem Flex

I decline dental coverage for myself and my family

Signature required if declining coverage

IMPORTANT NOTICE:

Changes during the plan year are permitted only if a qualified change in family status has occurred. Any requested change must be on account of and consistent with the change in family status. The next open enrollment will be in May 2021 for the plan year beginning July 1, 2021.

Signature

Date