



To: Full-time Staff

From: Tage Shumway
Business Manager

Re: Insurance Waiver Compensation

Date: June 22, 2011

All full-time employees are eligible to participate in the SWCCCASE medical and dental insurance programs. An employee may opt to waive insurance coverage and receive compensation per the collective bargaining agreement (\$1,000 for 2011-2012). Compensation will be pro-rated if an employee does not work a full school term.

The insurance waiver covers the period from September 1, 2011 through August 31, 2012. If you waive insurance coverage, you may be subject to certain policy exclusions for pre-existing conditions upon re-enrollment. These conditions may apply if you were not covered during the previous year, or if you had coverage for only part of the year. In order to avoid unnecessary exclusions of pre-existing conditions, upon re-enrollment, you must provide written certification of creditable coverage, available through your current insurance provider, or other evidence of previous coverage. Effective July 1, 2011, pre-existing condition exclusions no longer apply to dependents under age 19.

If you choose to waive the insurance, you must complete the information below and return this form to the Business Office no later than **August 31, 2011**. The compensation will be included in your May 31, 2012 paycheck.

I, _____, do not elect to maintain my group insurance (medical and dental) coverage for the 2011-12 school year. I understand that I will not be eligible to apply for group insurance again until open enrollment in August 2012.

The Cooperative, at no cost to the employee, will provide term life insurance.

Signature: _____ Date: _____

Position: _____