



ARLINGTON HEIGHTS SCHOOL DISTRICT 25

1200 South Dunton Avenue
Arlington Heights, Illinois 60005

Waiver of Insurance Coverage – Full-Time/Job Share

Name _____ Social Security Number _____

Please make the appropriate selections:

_____ I do not want *medical* insurance at this time

_____ I do not want *dental* insurance at this time

_____ I do not want *vision* insurance at this time

_____ I do not want *life* insurance at this time

I understand that I may choose to elect coverage at a future date in the following circumstances, provided I am still an eligible employee.

1. During Open Enrollment held once per year – usually in December.
2. Marriage (Enrollment forms must be submitted within 30 days of date of marriage.)
3. Birth or adoption of child (Enrollment forms must be submitted within 30 days from date of birth or adoption.)
4. My dependent's previous health insurance coverage is terminating, and is not terminating for failure to pay premiums or fraudulent cause. (Enrollment forms must be submitted within 30 days of loss of coverage.)

If enrolling outside of the above situations, I may need to provide Evidence of Insurability and will be subject to the Preexisting Condition waiting period.

Signature

Date