



**SOMERVILLE BOARD OF EDUCATION
GROUP INSURANCE BENEFIT WAIVER FORM**

July 1, 2018 through June 30, 2019

I waive my right to elect the Medical Plan offered by the Somerville Board of Education for the period July 1, 2018 through June 30, 2019:

Medical \$3,000

I waive my right to elect the Prescription Drug Plan offered by the Somerville Board of Education for the period July 1, 2018 through June 30, 2019:

Prescription Drug \$500

I waive my right to elect the Dental Plan offered by the Somerville Board of Education for the period July 1, 2018 through June 30, 2019:

Dental \$0

I waive my current coverage effective July 1, 2018 in return for a taxable cash incentive. I understand that hereafter I may re-enroll immediately if I submit proof of a life status change (e.g., unemployment, death, disability of a spouse; divorce or legal separation; activation to full-time military status, etc.) or during open enrollment May 1, 2019 - May 31, 2019 to be effective July 1, 2019. Please be aware you must waive all three plans to avoid chapter 78 contributions.

I acknowledge that if I was provided an Incentive and my employment with the Somerville Board of Education is terminated for any reason, I shall refund to the Somerville Board of Education a pro-rated amount of the Incentive.

By signing below I certify that I have medical coverage for myself and/or dependents and I fully understand the terms of this Group Insurance Waiver Form.

Signature

Printed Name

Date