

**HEALTH INSURANCE WAIVER**

I hereby waive my right to be covered by medical and optical insurance for the period of September 1, 2009 through August 31, 2010 and relieve the district of any obligation to pay claims or provide any health insurance coverage for my dependents or me during this period. I understand that I will receive a remuneration of \$2,500.00 (prorated). **\*This is a taxable fringe benefit.** Taxable fringe benefits will be used when calculating a five-year final average salary for Tier 1 members. Fringe benefits are not reportable for Tier 2, 3, and 4 members. The payment for the opt-out plan will be issued with the first paycheck in June 2010.

If you wish to reapply for medical coverage, you must do so by **May 30, 2009** in order to be covered by September 1, 2009. There is a three-month waiting period to rejoin the plan.

\_\_\_\_\_  
Employee Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Superintendent of Schools

\_\_\_\_\_  
Date

\*Tax rates: 25% Federal, 11.03% NYS, 7.65% FICA & Medicare