

**LABRAE LOCAL SCHOOLS
2020-2021 SCHOOL YEAR**

**INCENTIVE PAYMENT FOR NON-USE OF INSURANCE
FOR CERTIFIED EMPLOYEES**

In accordance with the Certified Agreement, I am waiving insurance benefits for the 2020-2021 school year and request incentive payment for the following eligible coverage:

PLEASE CHECK

	<u>SINGLE</u>	<u>EMP/SPOUSE</u>	<u>EMP/CHILD</u>	<u>FAMILY</u>
Health	_____	_____	_____	_____
Vision	_____			_____
Dental	_____			_____

I wish to keep my current insurance coverage and I refuse the above incentive payment for non-use of insurance.

PLEASE CHECK

	<u>SINGLE</u>	<u>EMP/SPOUSE</u>	<u>EMP/CHILD</u>	<u>FAMILY</u>
Health	_____	_____	_____	_____
Vision	_____			_____
Dental	_____			_____

SIGNATURE

DATE

RETURN TO TREASURER'S OFFICE IMMEDIATELY THRU INTER-OFFICE MAIL

If you are opting into or out of insurance or if there has been a change in your spouse's/dependent(s) employment or insurance benefits, please contact Debbie D'Orio (Ext. 6025) for paperwork as soon as possible.