

CERTIFIED STAFF-DENTAL INSURANCE WAIVER

FOR \_\_\_\_\_ SCHOOL YEAR

I, \_\_\_\_\_, hereby waive my rights and elect not to be covered under the District's dental plan.

I waive this right in return for an additional stipend in the amount of fifty dollars (\$50.00) payable next August as per Article X, Section 10.07 of the N.C.T.A. negotiated contract.

Pursuant to IRS Letter Ruling 9406002, I understand this stipend will be subject to Federal, State and City taxes but will not be reportable income for retirement purposes towards my final average salary.

SIGNATURE \_\_\_\_\_

DATE \_\_\_\_\_

WITNESS \_\_\_\_\_