

NON-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 XX Section E1 of the O.A.P.S.E. 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 _____