

NON-CERTIFIED STAFF – MEDICAL INSURANCE WAIVER
FOR THE _____ SCHOOL YEAR

I _____ hereby waive my rights and elect not to be covered under the District's insurance plan because I have similar coverage provided for me *elsewhere*.

I waive this right in return of a stipend in the amount of \$450.00 to be paid next August as per Article XX Section E of the O.A.P.S.E. negotiated contract.

At the present time, I am insured with _____ (name of company)

The subscriber is _____ (name of person who is responsible for the insurance, e.g., spouse, etc.)

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 _____