



**Norton City Schools  
CLASSIFIED STAFF  
DENTAL INSURANCE WAIVER**

20 \_\_\_\_\_ - 20 \_\_\_\_\_ school year

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

**ARTICLE 21 - E. INSURANCE OPTION**

2. Regular full-time employees who elect prior to the first day of school year to not be covered by the dental program and who were employed on September 1, of any year, on written request to the Treasurer, will receive a stipend in lieu of insurance in the amount of fifty dollars (\$50.00).

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.

STAFF SIGNATURE \_\_\_\_\_ DATE: \_\_\_\_\_

WITNESS SIGNATURE: \_\_\_\_\_

**\*\* Return to Treasurer's Office\*\***