



Norton City Schools
CLASSIFIED STAFF
MEDICAL INSURANCE WAIVER

20 _____ - 20 _____ 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.

ARTICLE 21 - E. INSURANCE OPTION

1. Regular full-time employees who elect prior to the first day of school year to not be covered by any insurance 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: \$450.00.

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.

STAFF SIGNATURE _____ DATE: _____

WITNESS SIGNATURE: _____

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