



STARK COUNTY SCHOOLS COUNCIL OF GOVERNMENT HEALTH INSURANCE PLAN

WAIVER OF COVERAGE FORM

If you are an employee of Summit Educational Service Center who is eligible for coverage under the Stark County Schools Council of Government Health Insurance Plan (the "Plan"), you are required to pay a certain amount each month for your coverage. This form is designed to permit you to waive coverage under the Plan.

If you do so, you will receive your regular payment of wages, without any deduction for the employee contributions that you would have been required to pay for coverage. However, you will not be entitled to any additional cash payments or other benefits as a result of your waiver of coverage.

In general, once you waive coverage, you cannot change your election until the beginning of the following Plan Year (January 1). However, the Plan does allow for changes to be made in certain circumstances, including events such as the birth of child, a marriage or divorce and certain changes in a spouse's health plan coverage. Please see the Summary Plan Description for a more complete explanation of when changes may be permitted.

COVERAGE WAIVER

I do not want to enroll for any coverage under the Stark County Schools Council of Government Health Insurance Plan offered to me as an employee of Summit Educational Service Center. I acknowledge and agree that neither my family nor I will be entitled to receive reimbursement or payments from the Plan, Summit Educational Service Center or any provider under the Plan, for any medical, dental, prescription drug, or other health care expenses or bills of my family or me.

Please circle the coverage you are waiving: medical dental

Employee Name: _____

Signature: _____ Date: _____

Accepted by: _____ Date _____
 _____ ESC Representative