

Memo

To: The Port Jervis City School District Business Office

Subject: Declination of Health Insurance

Employee: _____
(Please Print)

Date: _____

I hereby elect to drop my membership in the Group Insurance Program offered by the Port Jervis City School District.

I am electing to drop coverage as I am currently covered by another policy. (Attach evidence of coverage)

This declination is irrevocable for the balance of this school year and consistent with the terms and conditions as specified in the Civil Service Employees Association

It is my understanding that I will be reimbursed according to the guidelines of the CSEA contract as a result of my election to drop my membership in the Group Insurance Program.

(Signature)