



Greenburgh Central  
School District  
Our Children. Our Focus. Our Future.



## DECLINATION OF HEALTH INSURANCE

I wish to decline the health insurance contractually provided by the school district. I understand that by declining to enroll at this time:

1. I may subject myself and/or my eligible dependents to certain applicable waiting periods if I decide to enroll at a later date.
2. I may be forfeiting the right to such coverage after my retirement.

I understand that I may later enroll in one of the health plans offered by the district:

1. during one of the district's open enrollment periods. Open Enrollment for all plans takes place during the month of November each year. This coverage would be effective January 1<sup>st</sup>.

SWSCHP has an additional open enrollment period in May and HIP will usually hold an additional open enrollment at that time as well. This coverage would be effective July 1<sup>st</sup>.

or

2. upon losing the benefits I have under my present health plan, providing I complete a health insurance enrollment application within 30 days of the event. This coverage would be effective the date of the event.

Name: \_\_\_\_\_

Signature \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Date: \_\_\_\_\_