

ANNUAL ELECTION TO OPT OUT OF BOARD COVERAGE

I hereby elect to opt out of the following Board coverage which I have checked:

_____ Medical/Prescription

_____ Optical

_____ Dental

I understand that neither my family nor I will have the coverage which I have checked above.

Date

Employee

*****Please note that due to IRS regulation, insurance opt-out payments must be processed via our payroll system so that mandatory taxes are appropriately withheld.**