

# LABRAE LOCAL SCHOOLS | INSURANCE OPTIONS

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## Incentive Payment for Non-Use of Insurance for CLASSIFIED Employees

In accordance with the Certified Agreement, I am **waiving** insurance benefits for the 2023-2024 school year and request incentive payment for the following eligible coverage.

Please check (✓) the applicable insurance plan(s) that you are **OPTING OUT** of:

	SINGLE	EMP/SPOUSE	EMP/CHILD	FAMILY
Health	_____	_____	_____	_____
Vision	_____	Not an option	Not an option	_____
Dental	_____	Not an option	Not an option	_____

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## Insurance Coverage for CLASSIFIED Employees

I wish to **add or keep** my current insurance coverage and I **refuse** the above incentive payment for non-use of insurance.

Please check (✓) the applicable insurance plan(s) that you are **OPTING IN** to:

	SINGLE	EMP/SPOUSE	EMP/CHILD	FAMILY
Health	_____	_____	_____	_____
Vision	_____	Not an option	Not an option	_____
Dental	_____	Not an option	Not an option	_____

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EMPLOYEE PRINTED NAME

EMPLOYEE SIGNATURE

DATE

Please return to the Treasurer's Office through inter-office mail IMMEDIATELY.

**If you are newly opting into or out of insurance, or if there has been a change in your spouse's/dependent(s) employment or insurance benefits, please contact Jessica Cowger at extension 6025 ASAP.**