

**LABRAE LOCAL SCHOOLS  
2021-2022 SCHOOL YEAR**

**INCENTIVE PAYMENT FOR NON-USE OF INSURANCE  
FOR CERTIFIED EMPLOYEES**

In accordance with the Certified Agreement, I am waiving insurance benefits for the 2021-2022 school year and request incentive payment for the following eligible coverage:

**PLEASE CHECK**

	<u>SINGLE</u>	<u>EMP/SPOUSE</u>	<u>EMP/CHILD</u>	<u>FAMILY</u>
Health	_____	_____	_____	_____
Vision	_____			_____
Dental	_____			_____

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

**PLEASE CHECK**

	<u>SINGLE</u>	<u>EMP/SPOUSE</u>	<u>EMP/CHILD</u>	<u>FAMILY</u>
Health	_____	_____	_____	_____
Vision	_____			_____
Dental	_____			_____

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE

**RETURN TO TREASURER'S OFFICE IMMEDIATELY THRU INTER-OFFICE MAIL**

**If you are 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 Debbie D'Orio (Ext. 6025) for paperwork as soon as possible.**