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Human Resources and Professional Development
Dr. Eric T. Nezowitz

Medical and Dental Benefits Offering Certification

Employee's Name:	
Social Security Number:	
Date of employment:	
My signature below certifies that I have been given the opportunity to enroll in all the medical and dental insurance plans offered by my employer – the Roosevelt Union Free School District.	
Employee's Signature:	
Date:	

Our Mission is to educate the whole child to excel, thereby ensuring achievement for ALL.

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