Roosevelt
Union Free School District
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A DISTRICT OF DISTINCTION

Assistant Superintendent
Human Resources and Professional Development
Dr. Eric T. Nezowitz

To: Roosevelt Union Free School District employees
(*Clerical, Custodial, Paraprofessional, Security, and Teachers Unit)

From: Silvia Melgarejo - Personnel Clerk

Date: July 1, 2021

Subject: Waiver of Medical Insurance Coverage for 2021-2022

If you wish to decline medical insurance coverage provided by the Roosevelt Union Free School District, please indicate whether you are declining family or individual coverage below and provide proof attached to this form (photocopy of current medical insurance card of active coverage) to our office ASAP. Please note that you must submit a Waiver Coverage form and proof of current coverage every year. Therefore, if you have submitted a waiver form in previous years, that form is no longer valid for the 2021-2022 school year. The reimbursement (*not applicable to all units, please see above**) for the 2020-2021 school year will be dispersed with the last payroll in June 2022. It will be based on proof received by our office. ***Please note: new employees have 30 days from the date of hire to return this form.*** If you require further information or clarification, please contact the Human Resources Dept. at (516) 3457028. Thank you.

My signature below certifies that I have been given the opportunity to enroll in a medical group insurance medical plan offered by my employer. I am declining to enroll in the 2020-2021 school year.

Please check one: I decline ☐ **Individual** coverage **OR** ☐ **Family** coverage

Print name: _____

Signature: _____ Date: _____