WALLINGFORD SWARTHMORE
SCHOOL DISTRICT

200 S. PROVIDENCE ROAD, WALLINGFORD, PENNSYLVANIA 19086-6334
PHONE (610) 892-3470 ext. 1406 FAX (610) 892-3497

Human Resources Department

OPT-OUT ELECTION VERIFICATION

I elect to opt out of the District-offered health care benefits. My election remains in effect for an entire plan year, or until an Open Enrollment, or a Qualifying Event occurs. In doing so, I am providing verification that I have medical coverage elsewhere.

Employee Name _____

Current Position	
Building	
Alternative Coverage Provided by:	_____ (name of insurance company)
Policy/Group or ID #:	

Employee Signature _____ Date _____

For Human Resources Use:

Opt out election accepted by _____ Date _____

Opt out election from _____ through _____