

MEMORANDUM

TO: *Jim Hill, Dir. of Admin. Services*

FROM: _____

DATE: _____

RE: *Health Insurance (Salary Adjustment)*

*I understand that I may receive a health insurance waiver "salary adjustment" as provided through the School District's policies and collective bargaining agreements **PROVIDED** I certify coverage from another source. (The adjustment will be distributed as part of my regular check.) I also understand that if I choose this waiver during my final year prior to retirement, I may not be eligible for health insurance through the School Board upon retirement.*

I understand the "salary adjustment" will not be considered as part of my total salary for any salary increase calculations.

I understand the terms of the salary adjustment, and I want to participate. I certify that I have health insurance coverage through the company listed below.

(Insurance Company)

(Policy Number)

(Signed)

(Date)