WASHOUGAL SCHOOL DISTRICT

4855 EVERGREEN WAY
PH: 360.954.3000

WASHOUGAL, WA 98671
FAX: 360.835.7776

REQUEST FOR DENIAL OF MEDICAL COVERAGE

I have been offered medical coverage through the Washougal School District, but at this time I am waiving coverage because:

☐ I currently have medical coverage elsewhere:
Carrier: _____
Policy No. _____ Member ID No _____

☐ I will be taking insurance through the insurance Marketplace with the knowledge that because I was offered insurance through Washougal School District, I will not be eligible for subsidies.

I understand that I will only be able to sign up for medical coverage outside of open enrollment if I or my dependents suffer a loss of coverage elsewhere and provide proof of that loss. I must enroll on the districts insurance within 30 days of the loss of the other insurance.

I understand the remaining current school year unused portion of my benefit funds will be placed in a pool to be used by other members of my union until the next pooling period. I understand that I will be responsible for any premiums associated with adding medical insurance outside of open enrollment for the remainder of the school year unless otherwise noted in collective bargaining.

Washougal School District's open enrollment is August 16, 2017 through September 15, 2017, with an effective date of October 1st.

Name: _____

Signed: _____

Date: _____