

2018-2019

Island Trees School District

Health Insurance Opt Out

Date: _____

Dear Ms. Hlavenka,

This letter is to inform you that I will be opting out of the health insurance coverage, offered by the district, for the **2018-2019** school year. It is my understanding that I am entitled to do so as long as it is beneficial to all parties involved, according to Article 29, Section A, paragraph 1 of the Collective Bargaining Agreement. **Should the plan not be financially beneficial, I reserve the right to opt back into the health plan.**

Thank-you,

Building _____

Signature

Print Name