

**2017-2018**

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 **2017-2018** 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,

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Building

\_\_\_\_\_  
Print Name