Medford SCHOOL DISTRICT

Medford School District
Human Resources Room 234
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815 S. Oakdale Avenue, Medford, Oregon 97501

Insurance Waiver Option 2018-2019

I,_______________________________, elect to withdraw from participation in the Medford School District's medical, dental and vision program and will provide the district with proof of full group insurance coverage from another source.

In lieu of insurance coverage, I will receive a District stipend of $_______per month ($200 maximum).

* **Important note**: If you are planning to retire from the district within the next 2 years and meet the criteria to qualify for retiree insurance you **must** be enrolled under the MSD insurance plan for at least 24 consecutive months immediately prior to retirement in order to receive the early retiree insurance benefit. For more information please contact the Human Resource Department.

___________________________________ _______________
Signature Date