



Medford School District
Human Resources Room 234
ph 541-842-1019
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Insurance Waiver Option 2021-2022

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 insurance coverage from another source.

In lieu of insurance coverage, I will receive a District contribution of \$200 per month. This contribution can be deposited into an approved IRS Section 125 plan for my use towards child care or medical expenses.

I understand that I will need to complete a Section 125 enrollment form designating whether these funds will be used for child care or medical expenses.

Signature

Date