



BOCES Southern Westchester
THE BOARD OF COOPERATIVE EDUCATIONAL SERVICES

INSURANCE WAIVER FORM

I agree that my benefits as an employee of southern Westchester BOCES have been explained to me and I understand my entitlements. I have reviewed the materials provided in connection with the medical and/or dental plans available to me.

____ I understand my entitlement and I waive coverage in the medical plans available to me as an employee of Southern Westchester BOCES.

____ I understand my entitlement and I waive coverage in the dental plan available to me as a non-certificated Southern Westchester BOCES employee.

Signature

Date

Print Name

Social Security Number