



Port Jervis

CITY SCHOOL DISTRICT

Pursuing excellence at every level. Everyday.

Administrative Office
Attn: Payroll
9 Thompson St.
Port Jervis, New York 12771
District Office Tel 845-858-3100

MEMO

TO: The Port Jervis City School District Business Office

SUBJECT: Declination of Health Insurance

EMPLOYEE: _____ (please print)

DATE OF HIRE: _____

I hereby elect to drop my membership in the Group Insurance Program offered by the Port Jervis City School District.

I am electing to drop coverage as I am currently covered by another policy.

☐

Family 3 +

☐

Family 2

(Attach evidence of coverage)

Declination is consistent with the terms and conditions as specified in the Port Jervis Teachers Association Contract.

It is my understanding that I will be reimbursed according to the guidelines of the PJTA contract as a result of my election to drop my membership in the Group Insurance Program.

SIGNATURE

05/2022