



Port Jervis
SCHOOL DISTRICT

Business Office
9 Thompson Street
Port Jervis, New York 12771

Phone (845) 858-3100 X15539
Fax (845) 858-3187

Memo

To: The Port Jervis City School District Business Office

Subject: Declination of Health Insurance

Employee: _____
(Please Print)

Date: _____

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. (Attach evidence of coverage)

This declination is irrevocable for the balance of this school year and consistent with the terms and conditions as specified in the Civil Service Employees Association.

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

(Signature)