HAZLETON AREA SCHOOL DISTRICT

WAIVER OF BENEFIT FORM - ESPA

This waiver form must be submitted no later than November 20, 2026, for implementation of waiver for period January 1, 2027 through December 31, 2027. This request for a waiver of health benefits will be ongoing unless discontinued by the employee in writing. Such discontinuance must be done to be effective January 1, 2027 unless an emergency arises. You are not permitted to waive benefits if you are enrolled in coverage with the Hazleton Area School District. By signing this form, you are affirming that you are not receiving benefits through the Hazleton Area School District for which you are waiving below.

Please complete and return this form to the Business Office.

I, _____, wish to waive coverage for the following benefits and do solemly swear or affirm the accuracy of the following information and I wish to make a binding election to waive the Hazleton Area School District coverages below:

_____Medical, Dental and Vision (all)

_____Medical (only) _____Dental (only) _____Vision (only)

Date of Hire: _____ Job Title: _____

Level of coverage waived: Individual _____ Employee and Spouse _____ Parent / Child _____ Parent /Children _____ Family _____

Please list name, relationship and date of birth for those dependents that coverage is being waived.

_____

Please list the provider of other insurance:

Name of Other Employer _____

Name of Carrier _____

Name of Policy Holder _____

Plan or Group Identification No. _____

The statement of facts above is true and correct to the best of my knowledge, information and belief. Further, I understand that if any of the above indicated situations change, I have an obligation to notify the HASD Business Office within two (2) weeks of said occurrence. I acknowledge that any costs incurred by the District, from my failure to properly notify the Business Office of the status change, will necessitate being responsible for all costs and or expenses. I understand that false statements herein are made subject to the penalties of 18 Pa.C.S.A., Section 4904, relating to unsworn falsification to authorities.

_____ _____ Employee Signature

Date

Business Office Use Only

Approved/Business Office _____ Date _____Waiving Level _____ Amount _____