

HEALTH WAIVER/OPT-OUT FORM 2024

Cajon Valley Union School District

Payroll, PO Box 1007, El Cajon CA 92022- 1007

(619) 588-3070 FAX (619) 441-6170

MARK PLAN CHOICE : Note: Proof of Alternate Insurance Coverage Required for Waiver/Opt-out Option.

Health Waiver (no employer stipend paid, no employee health premium paid)

Continue Opt-out (restricted to current Opt-Out participants, \$120 monthly stipend, Sep-Jun)

Drop current District Medical Plan

	FIRST	MIDDLE
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ACTION REQUESTED:

New/Continue Enrollment Spouse or Domestic Partner/No-Copay Option, provide name _____

Drop Waiver/Opt-Out, Enrolling in District Medical Plan (also requires VEBA health enrollment form)

Reason :

