



Boulder Valley
Public Schools

6500 Arapahoe, PO Box 9011
Boulder, Colorado 80301
303-447-5022
<http://bvsd.org>

Division of Human Resources

BOULDER VALLEY SCHOOL DISTRICT WAIVER OF MEDICAL/DENTAL COVERAGE CERTIFICATION FORM

I have elected to waive medical/dental (circle one of both) coverage. This waiver will continue until further notice. If I choose to return to the medical/dental plan, I must re-enroll during the next benefit enrollment period. Unless a qualifying even has occurred, I understand that I may not enroll my family until the open enrollment period.

This is to certify that I have medical coverage through:

(Name of insurance carrier)

I understand that I will have no medical coverage through any other Boulder Valley School District RE-2 plan

Effective: _____

Employee Signature: _____

Date: _____

Printed Name: _____

Social Security Number: _____