

SOMERSET BERKLEY  
REGIONAL SCHOOL DISTRICT



SOMERSET PUBLIC SCHOOLS

*All Students Achieving Excellence*

### Health Insurance Declination Form

I hereby certify that I have been given an opportunity to participate in the Health Insurance Program offered by the Somerset Health Plan Group with coverage in Blue Cross Blue Shield. I understand this opportunity and decline to participate in this program. By signing below, I will not be able enroll until Open Enrollment or a qualifying event takes place.

Date: \_\_\_\_\_

Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Are you covered under a group plan with another carrier?

Yes \_\_\_\_\_

No \_\_\_\_\_

If yes: Company Name: \_\_\_\_\_

Carrier: \_\_\_\_\_

---

I hereby acknowledge that I am eligible to participate in the Health Insurance Program, effective Date of Hire or the 1st day of the month, following Date of Hire. I hereby elect to begin coverage on the 1st day of the month following Date of Hire.

I am currently covered under a group plan with another carrier thru: \_\_\_\_\_

Effective Date of Coverage with the Somerset Health Plan Group: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Jeffrey Schoonover, Superintendent | 580 Whetstone Hill Road, Somerset, MA 02726 |

508.324.3100 | [www.somersetschools.org](http://www.somersetschools.org)

Somerset Public School District and Somerset Berkley Regional School District are in compliance with the U.S. Civil Rights Act of 1964 and the Title IX Educational Amendments of 1972, Part 86 and Section 504 of the Rehabilitation Act of 1973. The School District provides equal employment opportunity to all individuals and does not discriminate on the basis of race, color, sex, gender identity, religion, national origin, ancestry, sexual orientation, disability, pregnancy or pregnancy related condition.