



We Build Futures

Neshaminy School District

Administrative Offices • 2250 Langhorne-Yardley Road • Langhorne, PA 19047

ACKNOWLEDGEMENT FORM TO DECLINE NESHAMINY SCHOOL DISTRICT MEDICAL AND PRESCRIPTION DRUG (RX) BENEFITS

By signing below, I acknowledge that Neshaminy School District has offered me the opportunity to receive medical and prescription drug benefits under the terms provided to Neshaminy School District employees who work a minimum of thirty or more hours per week. My signature below reflects that I am declining to accept these benefits. I understand that I will not again have an opportunity to select to be covered by Neshaminy School District medical and prescription drug benefits until the next Neshaminy School District Annual Open Enrollment Period and/or if I experience a life-changing event as defined by 29 U.S. Code § 1163.

Printed Name of Employee

Signature of Employee

Attest: _____
Sharon Russell, HR Benefits Specialist
Neshaminy School District

Date: _____

I wish to waive the following coverage

Medical _____ Prescription _____ Dental _____ Vision _____