e opportunity to lrug insurance thro	obtain health benefit cove ough a family member may	erage including medical, dental and
orm, along with	proof of insurance through	gh a family member. Your waiver
		* •
al separation, you	will have the right to re-ente	er the Board's insurance plans with no
nd conditions a understand my	described. I am waiving re-entry rights. I am al	my plan(s) in return for no cash ble to provide proof of insurance
	Signature	
	alth benefits with form, along with egin on July 1, 20 as waiving coverage orting requirement experience a life-contrage provided the end conditions of understand my	Education no longer offers an alternative to be opportunity to obtain health benefit cover drug insurance through a family member may Education with no cash stipend. Signature Education with no cash stipend. Signature