

Fairfield Public Schools

WAIVER FORM

Return to Insurance Department in the Business office:

Please initial which programs you wish to waive.

I **DO NOT** wish to participate in the **Life Insurance program** _____
(even though this is a program paid for by the Fairfield Public Schools)

I **DO NOT** wish to participate in the **Long-Term Disability program** _____
(I understand this may not require contribution/some bargaining units may have a small contribution rate. By waiving my right should I wish to enroll at a later time I will be subject to the underwriting process)

NAME: _____

ADDRESS: _____

TOWN, STATE, ZIP: _____

SCHOOL: _____

Signature

Date