



FAIRBANKS NORTH STAR BOROUGH SCHOOL DISTRICT  
HUMAN RESOURCES DEPARTMENT

# Waiver of Coverage Form

Submit to 520 Fifth Avenue Attn: HR-Benefits, Fairbanks, AK 99701 or email to [benefits@k12northstar.org](mailto:benefits@k12northstar.org)

Open Enrollment     New Hire     Qualifying Life Event    Date of Hire/Life Event: \_\_\_\_\_

I am waiving:     Medical Coverage     Dental, Vision, and Audio Coverage (DVA)\*

Employee Name		Employee ID Number (F#)	
Mailing Address	City	State	ZIP Code
Date of Birth	Phone Number	Email Address	

**New Hire: This form must be completed and received by Human Resources within 30 days of hire.**

The election to waive coverage remains in effect until you submit healthcare election changes at Open Enrollment or within 30 days of having a qualifying status change event / loss of other coverage.

Other coverage provided by:

\_\_\_\_\_  
Policy Holder's Name (Last, First)

\_\_\_\_\_  
Policy Holder's Employer Name

\_\_\_\_\_  
Policy Holder's Medical Insurance Company

I hereby elect to waive medical coverage and/or DVA coverage under the Fairbanks North Star Borough School District's (FNSBSD) health plan available to me as a benefit-eligible employee. I understand that by making this legally binding election, the FNSBSD is excused from any obligation to provide health coverage and/or DVA to me and/or my dependents as a benefit of my FNSBSD employment. I understand and agree that the FNSBSD is not liable for any losses or damages suffered by me and/or my dependents from this action.

**I agree to notify the FNSB School District within 30 days of loss of medical insurance coverage.**

\_\_\_\_\_  
FNSB School District Employee Signature

\_\_\_\_\_  
Date