



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

Open Enrollment New Hire Qualifying Life Event Date of Hire/Life Event: _____

I am waiving: Medical Coverage

I am waiving: 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, through benefits@k12northstar.org.

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 FNSBSD School District within 30 days of loss of medical insurance coverage.

School District Employee Signature

Date