

Riverside Township Board of Education  
Premium Only Plan

**Opt Out Waiver Form**

I am declining at this time to participate in the Riverside Township's Board of Education's Premium Only Plan which allows for employees to pay for their Health Contributions pre-tax.

I understand that by signing this waiver, I am waiving out of the Premium Only Plan for the plan year \_\_\_\_\_, and would not be able to make a change in my election unless I had a qualifying life event, in which I would need to notify the Board Office of within 31 days.

Employee Name (Please Print): \_\_\_\_\_

Employee Signature: \_\_\_\_\_

Date: \_\_\_\_\_