



Surry County Public Schools

P.O. Box 317
Surry, VA 23883

TO: New Hires
FROM: Finance Department
RE: Health Insurance Coverage

_____ I have received information about Surry County Public Schools
Healthcare coverage.

_____ I wish to participate with Surry County Public Schools Healthcare Plan.

OR

_____ I **do not** wish to participate with Surry County Public Schools Healthcare
Plan.

Please Read and Initial

_____ I realize that the only time that I may make additions to my healthcare
coverage is during the Open Enrollment period in August, unless a
recognized Qualifying Mid-Year Event occurs, i.e. birth of a child,
marriage. I may remove a person from my coverage at any time, but I
understand that I will not be able to re-instate the coverage until the Open
Enrollment period in August. I will contact the Finance Department for
the exact dates for Open Enrollment.

Please Note: Checking and signing this form does not mean you are enrolled in Surry
County Public Schools health benefits. If you want health coverage, you
must submit a health insurance application to payroll no later than 30
calendar days from your start date.

Employee's Signature

Date