

**CROTON-HARMON UNION FREE SCHOOL DISTRICT
10 Gerstein Street
Croton-on-Hudson, NY 10520**

2021-2022 HEALTH INSURANCE DECLINATION

In light of the provisions of the Affordable Care Act, the District is required by law to obtain proof of other health insurance coverage when an employee declines coverage. Please read the statement(s) below and affirm your selection.

I voluntarily choose to **not enroll** in the health insurance plan ____ (check here) offered by the Croton-Harmon School District for the 2021-2022 school year.

Please indicate current coverage below and **provide a copy of your health insurance card.**

Name of the current health insurance company with which you

have coverage: _____

Signature: _____

Printed Name: _____

Date: _____

*If you would like to enroll in the district's health plan, please reach out to
Joni Randazzo: 914-271-4713 x 4206 or joan.randazzo@chufsd.org