



Declination of Coverage for Retirees

I, _____ understand that as a retiree of the Lakeport Unified School District, I am eligible to continue the same district coverage that active employees enjoy. If I decline district coverage, I give up my right to enroll in district coverage and my dependents will no longer be eligible for district coverage. If I do not enroll in medical, dental and/or vision coverage at the time of my retirement, I may not enroll in medical, dental and/or vision at any subsequent date.

() I decline any and all coverage offered by SISC

OR

() I decline dental coverage

() I decline vision coverage

() I decline medical coverage

I understand that my decision is irrevocable.

Signature: _____

Date: _____

Last date of coverage: _____

