

Herscher Community Unit School District No. 2

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Herscher IL 60941
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DR. RICHARD S. DECMAN, SUPERINTENDENT
SHELLY PARSONS, SPECIAL SERVICES DIRECTOR
PETER FALK, CURRICULUM DIRECTOR

In regards to coverage 7/1/2019-6/30/2020

I decline individual health insurance paid by the district and choose to receive in lieu of coverage \$450.00.

I understand that I am obligated to provide proof of other health coverage for myself and dependents before I receive payment.

There are two forms of accepted proof of coverage:

1. A copy of the health insurance ID card issued by the provider that clearly indicates each covered individual.
2. Letter from employer of other coverage that names each covered individual.

In addition, in order to be eligible for the \$450.00 annual stipend, this letter and all accompanying documentation must be sent to the Unit Office and received no later than Friday, May 17, 2019.

Printed Name: _____

Signature: _____

Date: _____