



Garfield School District

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TO EMPOWER AND MOTIVATE LIFELONG LEARNERS

FY18 PEHP Health Insurance “Opt-Out” Application

Please return by September 1, 2017 to the District Office

I do hereby ensure that as of September 1, 2017 I (or I and eligible family members), have sufficient health insurance coverage through another family member’s employer, and elect to “Opt-Out” of the Garfield County School District’s PEHP Health Insurance plan for the 2017-18 school year. I understand that in-lieu of insurance coverage, I will receive a taxable stipend in the amount of \$524 per month for the months of September 2017 through August 2018.

In the event that my current coverage is no longer available, I agree to contact the district business administrator to discuss other options.

Attached is proof of insurance coverage.

Employee Name: _____

Employee Signature: _____

Date: _____