

OZARK R-VI SCHOOL DISTRICT
DECLINING INSURANCE FORM

Name

I am declining DENTAL insurance coverage through Ozark School District.
I have other dental insurance through my spouse's employer who is

Spouses Employer

I am declining VISION insurance coverage through Ozark School District.
I have other vision insurance.

I am declining SUPPLEMENTARY GROUP LIFE through Ozark School District.

**If you are enrolling in any of the above plans, an enrollment form must be completed.

Signature

Date