



## SEQUOIA UNION HIGH SCHOOL DISTRICT HUMAN RESOURCES DEPARTMENT

### 2019 CALENDAR YEAR PARTICIPATION IN CASH BACK FORM

I am requesting to participate in the Cash Back option. I have attached my current proof of other coverage for the 2019 Calendar Year (January 1, 2019 – December 31, 2019).

I am declining district:

\_\_\_\_\_ Medical Benefits

\_\_\_\_\_ Dental Benefits

\_\_\_\_\_ Vision Benefits

I certify the provided information is effective at the date and time I signed this form.

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Print Full Legal Name

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Signature

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Date Signed