



SEQUOIA UNION HIGH SCHOOL DISTRICT HUMAN RESOURCES DEPARTMENT

2019 CALENDAR YEAR PARTICIPATION IN CASH BACK FORM

Certificated

Classified

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.

Print Full Legal Name

Signature

Date Signed