



Snoqualmie Valley

Public Schools

8001 Silva Avenue S.E., P.O. Box 400, Snoqualmie, WA 98065
Phone (425) 831-8000 ♦ Fax (425) 831-8040 ♦ www.snoqualmie.k12.wa.us

REQUEST FOR DENIAL OF MEDICAL COVERAGE

I have been offered medical coverage through the Snoqualmie Valley School District, but at this time I am refusing coverage. I understand that I will only be able to sign up for coverage during the school year if I have a loss of coverage elsewhere and provide proof of that loss. I must enroll on the districts insurance within 30 days of the loss of the other insurance. I understand that I will be responsible for any costs associated with this added insurance for the remainder of the school year. My next available option to enroll in medical coverage will be during open enrollment. It is my responsibility to find out when open enrollment is.

Signed: _____

Date: _____