



# Surry County Public Schools

P.O. Box 317  
Surry, Virginia 23883

**TO:** All Employees  
**FROM:** Finance Department  
**RE:** Health Insurance Coverage

\_\_\_\_\_ I have received information about Surry County Public Schools Healthcare coverage options.

\_\_\_\_\_ I wish to participate with Surry County Public Schools Healthcare Plan.

\_\_\_\_\_ I **do not** wish to participate with Surry County Public Schools Healthcare Plan.

\_\_\_\_\_ When does your Healthcare coverage end with your former employer?  
**Date**

## Please Read and Initial

\_\_\_\_\_ I realize that the only time that I may make changes to my healthcare coverage is during the Open Enrollment period in August, unless a recognized Qualifying Mid-Year Event occurs, i.e. birth or adoption of a child, marriage or divorce. I also understand that any changes made during open enrollment must remain in effect until the following Open Enrollment period, unless I experience a qualifying life event.

**Please Note:** Checking and signing this form does not mean you are enrolled in Surry County Public Schools health plan. If you want health coverage, you must submit a health insurance enrollment form to payroll not later than 30 calendar days from your start date.

\_\_\_\_\_  
**Employee's Signature**

\_\_\_\_\_  
**Date**