**AMHERST EXEMPTED VILLAGE SCHOOLS**

**185 Forest Street**

**Amherst, OH 44001**

**INSURANCE WAIVER FORM**

This certifies that \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ was offered the following

***Print Employee Name***

insurance(s) provided by Amherst Exempted Village Schools**. Initial the insurance(s) you are**

**waiving and sign at the bottom.**

Health Insurance

Dental Insurance (subs not eligible)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*Date* *Employee Signature*