

# *Herscher Community Unit School District No. 2*

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SHELLY PARSONS, SPECIAL SERVICES DIRECTOR  
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Health Insurance opt-out for 7/1/2023 - 6/30/2024

I have declined health insurance coverage in the Benefit Solver portal and choose to receive an opt-out insurance stipend payment of \$450.00 (\$18.75 a pay period). I understand that I am obligated to provide proof of other health insurance coverage for myself.

There are two forms of accepted proof of coverage:

1. A copy of the health insurance ID card issued by the provider that clearly indicates you are a covered individual.
2. Letter from employer of other coverage that names you as a covered individual.

To be eligible for the \$450.00 (\$18.75 a pay period) stipend, you must have:

1. Declined Health insurance coverage in Benefit Solver
2. Turned in this signed letter with proof of other coverage as listed above to Heather Crane at the Unit Office no later than **Wednesday, May 24, 2023.**

Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

*"Education... The Ultimate Investment."*