



PASADENA UNIFIED SCHOOL DISTRICT
351 S. Hudson Ave. Pasadena, CA 91109
Benefits Office Room 112

Benefits Waiver – Acknowledgment Letter

EMPLOYEE NAME: _____ SSN: _____

JOB TITLE: _____ SCHOOL SITE: _____

HIRE DATE: _____ BARGAINING UNIT: _____

*****NOTE – This waiver letter is due within 30 days after your hire date*****

I understand that as a full time (75% FTE or higher) employee for Pasadena Unified School District, I have been given the opportunity to enroll in the health benefits programs offered by the district. I understand that if I am a UTP member I cannot waive coverage unless I am covered under my spouse/domestic partner who is also a member of the UTP bargaining unit.

I am choosing to waive coverage for the current school year.

By waiving coverage I understand that I will not be eligible for benefits until the next open enrollment period or if there is an eligible life event.

Employee Signature: _____ Date: _____