

Instructions on how to fill out an Adobe Sign Form

All text boxes that are of the yellowish color can be filled out electronically – please just start typing the correct information. If you see a RED ASTERICK, it is a required field and the document will not move to the signature phase if it is not completed.

There are text boxes that allow you to attach required documents. When you click on the text box, it will open a browser window that allows you to select the required PDF or JPG.

BUFFALO CITY SCHOOL DISTRICT WAIVER INCENTIVE PROGRAM

I hereby elect to waive my rights to District paid health insurance coverage, and to receive instead additional compensation in the amount of \$100 per month (maximum payment of \$1,200 per year). I understand that it is my sole responsibility to evaluate the advantages and/or disadvantages of electing to waive my health insurance coverage, and to decide whether or not to exercise this waiver option. I will hold harmless the Board of Education and its employees, Unions, agents or representatives, from any causes of action, claim, loss or damage incurred as a result of exercising this waiver of health insurance coverage.

Signature:

[*Click here to sign](#)

Date:

Check One:

- Spouse employed by Board of Education
- Spouse NOT employed by Board of Education*
- Not applicable – Single*

Print Name:

Social Security #:

Address:

City:

Zip:

***COPY OF INSURANCE CARD MUST BE ATTACHED.**

[*Click to Attach Proof of insurance](#)

Insured's Name:

Insured's SS #:

Relation to Employee:

Insurance Carrier:

ID#:

Plan #:

EFFECTIVE DATE: the first day of the month following receipt of this enrollment form, including all supporting documentation by the Benefits Office.

PLEASE NOTE

Once your information is entered, please add your signature by clicking on the Signature text box, and then type or draw your name and click apply.



Once this is done, a black pop-up box appears and gives you the ability to “click to sign” – this is the process to collect your electronic signature and must be completed before the system gives you the prompt to submit.

**BUFFALO CITY SCHOOL DISTRICT
WAIVER INCENTIVE PROGRAM**

I hereby elect to waive my rights to District paid health insurance coverage, and to receive instead additional compensation in the amount of \$100 per month (maximum payment of \$1,200 per year). I understand that it is my sole responsibility to evaluate the advantages and/or disadvantages of electing to waive my health insurance coverage, and to decide whether or not to exercise this waiver option. I will hold harmless the Buffalo Board of Education and its employees, Unions, agents or representatives, from any causes of action, claim, loss or damage incurred as a result of exercising this waiver of health insurance coverage.

Signature: Bugs Bunny Date: 11/1/2020

Check One:

Spouse employed by Board of Education
 Spouse NOT employed by Board of Education*
 Not applicable – Single*

Print Name: Bugs Bunny Social Security #: 123-45-6789
Address: 123 Carrot Lane City: Looney Toons Zip: 98745

*COPY OF INSURANCE CARD MUST BE ATTACHED. FILE: Buffalo love.jpg x

Insured's Name: Bugs Bunny Insured's SS #: 123-45-6789
Relation to Employee: Self Insurance Carrier: ElmerFudd
ID#: 654321 Plan #: 258963

EFFECTIVE DATE: the first day of the month following receipt of this enrollment form, including all supporting documentation by the Benefits Office.

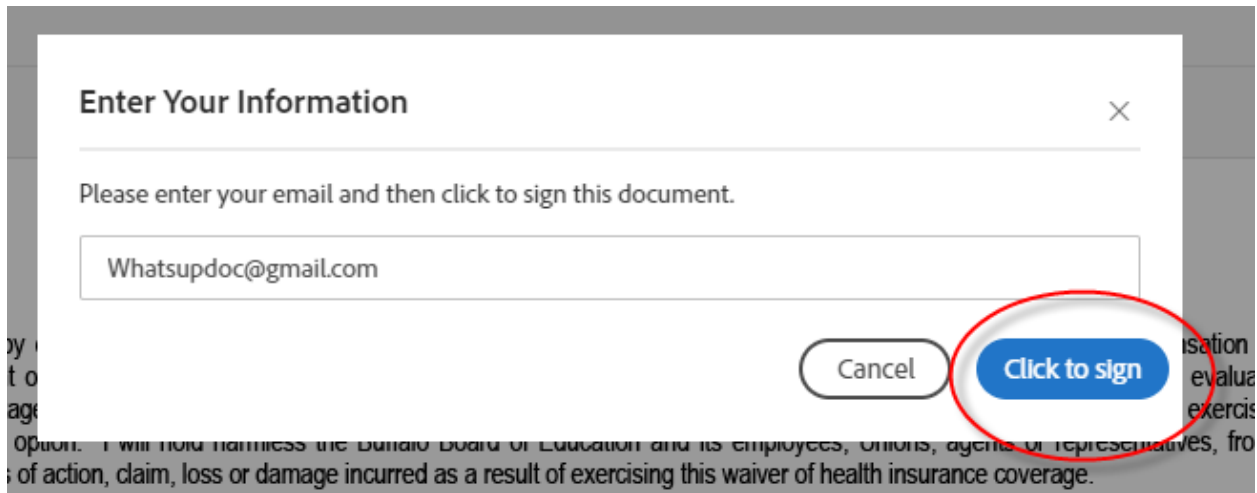
PLEASE NOTE:

- An acknowledgement will be mailed to you, along with a copy of your application. Please retain this documentation as your receipt.
- Payments will be issued the second pay period in January of each calendar year based on the number of months of participation in the previous calendar year and are subject to all federal and state withholding, employment and payroll tax provisions.
- Upon request, you may revoke this election and opt for health insurance coverage, effective the first of the following month, after receipt of the completed health insurance application.

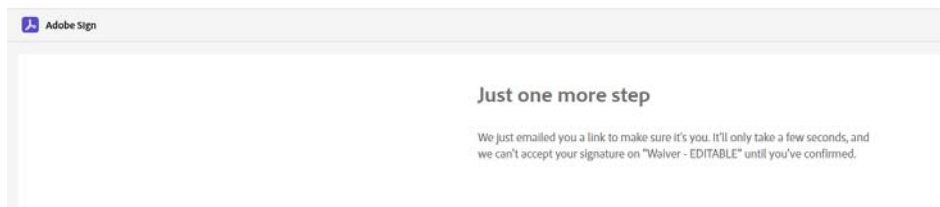
By signing, I agree to both this agreement and the [Consumer Disclosure](#). My use of Adobe Sign is governed by the [Adobe Terms of Use](#).

Click to Sign

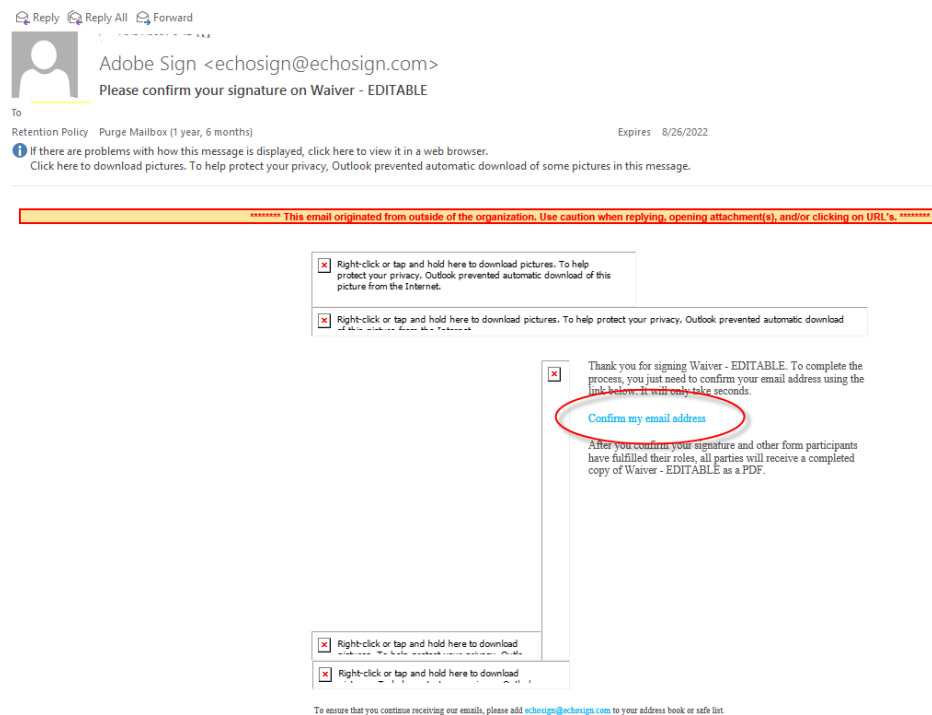
Add the email address you want the confirmation and completed document to be sent to, and click to sign.



The system will automatically generate a screen telling you to go to the email inbox to complete the signature process. Normally, this does only take a few moments. During times of high volume, such as start of the new school year or open enrollment, it could take longer – up to a half hour.



The email you receive will look like this, and you will then have to click on the blue hyperlink to confirm your address.



Your form has been submitted and you receive the confirmation screen

Your e-signing of Waiver - EDITABLE has been verified. It has now been emailed to the additional signer(s) for their signature.

Once our office has had the opportunity to process your form, you will receive confirmation along with the final agreement.

Reply Reply All Forward



Buffalo Public Schools <echosign@echosign.com>

Completed: "Waiver - EDITABLE"

To

Retention Policy Purge Mailbox (1 year, 6 months)

Expires 8/26/2022

If there are problems with how this message is displayed, click here to view it in a web browser.
Click here to download pictures. To help protect your privacy, Outlook prevented automatic download of some pictures in this message.



***** This email originated from outside of the organization. Use caution when replying, opening attachment(s), and/or clicking on URL's. *****

Right-click or tap

FiSf

All parties finished
Waiver - EDITABLE

[Open agreement](#)

Attached is the final agreement between:

- Buffalo Public Schools
-
- Benefits Department

You can also [open it online](#) to review its activity history.