



Division of Human Resources
1085 Peoria St.
Aurora, CO 80011

Phone – 303-344-8060
Fax – 303-326-1922
Web – www.aps.k12.co.us

Medical Waiver

(Please print)

Name _____

Employee ID Number _____

Work Location _____

To: Aurora Public Schools

The district benefits have been explained to me and I understand that by not enrolling at the time of employment eligibility, I will not be entitled to the medical benefits until an open enrollment period with coverage being effective July 1. If I lose my present coverage, I understand that I may enroll during the year by providing the district with the proper paperwork from the former carrier within 30 days of the loss of coverage.

Date _____ Signature _____

Dental Waiver

(Please print)

Name _____

Employee ID Number _____

Work Location _____

TO: Aurora Public Schools

The district benefits have been explained to me and I understand that by not enrolling at the time of employment eligibility, I will not be entitled to the dental benefits until an open enrollment period with coverage being effective July 1. If I lose my present coverage, I understand that I may enroll during the year by providing the district with the proper paperwork from the former carrier within 30 days of the loss of coverage.

Date _____ Signature _____