

**Newtown Public Schools
BlueView Vision Waiver Form**

Employee Name (Last, First, MI)

Address (No., Street, Town, State, Zip)

BlueView Vision Option

I understand by electing this option that I am declining BlueView Vision coverage for myself and any eligible dependents.

Signature required if declining coverage

(By entering my name above I am providing my digital signature)

IMPORTANT NOTICE:

Changes during the plan year are permitted only if a qualified change in family status has occurred. Any requested change must be on account of and consistent with the change in family status. The next open enrollment will be in May 2025 for the plan year beginning July 1, 2025.