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Kimberly DeWeese
Treasurer

Request for Insurance Stipend

Date: _____

I am applying for the insurance stipend provided by Wilmington City Schools. I understand that in order to receive this benefit, I must waive the health insurance provided by the District for the entire school year.

This is to confirm that I opted to waive health insurance through the District for School Year: _____

Name: _____

Building: _____

Form must be sent interoffice or e-mailed no later than June 30th to:

Payroll Department
Treasurer's Office