

# WOONSOCKET EDUCATION DEPARTMENT

## RETIREE BENEFIT AFFIDAVIT

Recognizing that the Woonsocket Education Department will rely on the following statement, the undersigned states upon oath (choose one option only):

### **Option A**

I do not receive medical insurance coverage other than from the Woonsocket Education Department.

I am either not employed or, if employed, cannot obtain any medical insurance coverage from such employment

Medical insurance coverage is not available to me through a spouse.

Medical insurance coverage is not available to me through the Rhode Island Retirement System or elsewhere.

\_\_\_\_\_  
Retiree initials

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### **Option B**

I have other medical insurance coverage or I have available to me other medical insurance coverage.

\_\_\_\_\_  
Retiree initials

Retiree Signature

\_\_\_\_\_

Print Name

Mailing Address

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Subscribed and sworn to before this \_\_\_\_\_ day of \_\_\_\_\_, 200 \_\_\_\_\_

\_\_\_\_\_  
Notary Public