

REQUEST FOR INSURANCE PREMIUM WAIVER

DEADLINE: December 20

Send request directly to the California State PTA office

Important: Do not forward the premium for any PTA for which a waiver is requested.

Date _____

District: _____ District President's Name _____

Request for: Unit Name: _____ State PTA ID _____

Unit EIN: _____ Council Name _____

Period covered: _____ Amount requested: \$ _____ Late fee: \$25 Total: \$ _____

New Unit Original charter date: _____

Re-chartered unit Re-charter date: _____

Has a waiver been previously granted? YES _____ NO _____ YEAR? _____

Reason for request – please be specific: _____

District President Signature _____ Date _____

District President Telephone Number _____

For California State PTA use:

Waiver not approved

Waiver approved Amount waived \$ _____ Period covered: _____

Approved by: _____
California State PTA president _____ Date _____

California State PTA treasurer _____ Date _____

California State PTA leadership vice president _____ Date _____

Copies/notification to: California State PTA president, treasurer, vice president for leadership, parliamentarian, state membership bookkeeper; district PTA president.