

**USE THIS FORMAT IF YOU ARE NOT ELIGIBLE FOR EARLY RETIREMENT  
INCENTIVE OR PAYMENTS FOR ACCRUED SICK TIME BUT ARE ELIGIBLE FOR  
RETIREE HEALTH INSURANCE**

**SAMPLE LETTER**

Street Address  
City, State Zip Code

Date

Dr. Kriner Cash  
Superintendent of Schools  
Buffalo Board of Education  
65 Niagara Square - 712 City Hall  
Buffalo, New York 14202

Dear Dr. Cash:

Please be advised that effective with the close of business on **(Date of Retirement)**, I will retire from the Board of Education.

I want to continue my medical coverage and have it paid for by the District as per the BTF Master Contract, Article XXVI (2) A. (10). Please notify the Benefits Office to forward all necessary information/application forms concerning this as soon as possible.

If you require any further information regarding any/all of the above, please contact me immediately.

Sincerely,

Name