Health Insurance and Prescription Drug Buyout Election Form – BCTA Members

For 2018-19 elections, please return this form and documentation to Human Resources in the Business Office by June 15, 2018.

Name _____ (please print)

Please indicate below the level of coverage you would otherwise be eligible for with the District:

Level of coverage: _____ Individual _____ Two-person _____ Family

By signing below, I elect to waive my participation in the Bethlehem Central School District's group health insurance plan for the 2018-2019 plan year. I confirm that I will be covered under my spouse's/domestic partner's health insurance plan for the 2018-19 plan year and **I am attaching written documentation of current health insurance coverage from a health insurance carrier/employer.**

Note: This is documentation that is obtained from your spouse's/domestic partner's employer or health insurance carrier and must be attached to this form to be eligible for payment. Insurance cards are not acceptable documentation for purposes of the buyout because they are no longer dated.

General Information:

- I understand that this election is irrevocable for this plan year unless I experience a qualifying event as defined by the insurance department. I understand that if I must opt into a health insurance plan offered by BCSD due to a qualifying event (as defined by the NYS Insurance Department), I will not be eligible to receive any buy-out for that period of the fiscal year in which I am receiving coverage through the District and it will be prorated.
- I understand that absent a qualifying event, I may rejoin the District's health plan during any subsequent open enrollment period in May with a July 1 effective date.
- I understand that an **annual** written election and documentation is required in order to participate in the health buyout option.

For a Pro-rated Buyout Payment (less than a full year waiver):

- This form and supporting documentation must be completed and handed into the Business Office within 30 days from the date of hire, date of benefit eligibility or date coverage is terminated with the District. Please discuss any issues with obtaining documentation within 30 days with Amy Baluch directly.
- Prorated payment will be processed within 30 days of submission of all paperwork for employees electing less than a full year waiver.

Payment Information:

- The buyout amount will be paid to you in a separate check on the first pay date of October in the 2018-2019 school year.

_____ _____

Signature Date

For office use only

Payment amount – please circle appropriate amount:

BCTA	If declining for 2018-19:
Coverage Level	
Individual	$1,300
Two Person	$2,600
Family	$3,900

If mid-year hire/termination/voluntary separation; the annual amount is prorated. If applicable, please show such calculations below:

Prepared by: _____ Date: _____

Reviewed by: _____ Date: _____