

Health Insurance and Prescription Drug Buyout Election Form – BPA Employees

For 2021-2022 elections, please return this form to Human Resources in the Business Office by June 18, 2021.

Name _____ (please print)

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

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 2021-2022 plan year. I confirm that I will be covered under my spouse's/domestic partner's health insurance plan for the 2021-2022 plan year and **I am attaching written documentation of health insurance coverage from a health insurance carrier/employer.**

THIS DOCUMENTATION MUST INCLUDE THE NUMBER OF PEOPLE ON THE POLICY. THE DISTRICT OFFERS AN INDIVIDUAL, 2 PERSON AND FAMILY BUYOUT. THE DOCUMENTATION MUST CLEARLY INDICATE HOW MANY PEOPLE ARE ON THE PLAN IN ORDER TO APPLY THE APPROPRIATE BUYOUT LEVEL.

(Note: This is documentation that is obtained from your spouse's/domestic partner's employer/health insurance carrier and must be attached to this form to be eligible for payment.)

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.
- I understand that an **annual** written election 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 Human Resources Office within **30 days** from the date of hire, date of benefit eligibility or date coverage is terminated with the District.
- 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 second pay date in May in the 2021-2022 school year.

Signature

Date

For office use only

Payment amount – please circle appropriate amount:

BPA Employees	
Coverage Level	
Individual	\$1,000
Two Person	\$2,000
Family	\$3,000

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: _____