

Health Insurance and Prescription Drug Buyout Election Form – Individual Contract 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

For office use only

Payment amount – please circle appropriate amount:

Individual Contract Employees	Full compensated Rate
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: _____