

**DECLINATION OF HEALTH INSURANCE
2011-2012 SCHOOL YEAR**

<u>Office Use Only</u>
Amt. _____
Prorated _____

At this time, I choose to decline enrollment in the health insurance options available to me through the Hyde Park Central School District and, instead, apply for the health insurance buyout. I attest that I am an eligible employee who qualifies for the health insurance buyout and that I am presently covered under another health insurance policy. **I have provided valid proof of this coverage by attaching a copy of my health insurance card to this form.**

I UNDERSTAND THAT BY APPLYING FOR THE BUYOUT AND DECLINING HEALTH INSURANCE DURING THE OPEN ENROLLMENT PERIOD THAT:

1. I am unable to enroll myself, and any eligible dependents, in health insurance until the next open enrollment period, unless a qualifying event occurs during the year.
2. I will receive a prorated buyout payment if a qualifying event occurs during the year and I enroll in health insurance.
3. I am still eligible to select health insurance during retirement, although I have chosen the buyout option as an employee.

Name: _____ Union _____

DOB: ____/____/____ Social Security #: _____

Address: _____

Phone: (____) _____

Signature: _____ Date: _____

Acknowledgement to be completed by Notary Public

STATE OF _____ COUNTY OF _____

On this _____ day of _____ 20__

Before me personally appeared _____ to me known and known to be the person described in and who executed the foregoing instrument, and he/she duly acknowledged to me that he/she executed same.

Notary Public (Please sign, affix stamp and include expiration date)

**HYDE PARK CENTRAL SCHOOL DISTRICT
HEALTH BENEFITS OFFICE
2011-2012**

TO: All Employees
FROM: Christine Smith, Personnel Administrator
RE: Health Insurance Buyout

The **voluntary** buyout is a benefit offered to those employees who have health insurance coverage elsewhere and do not wish to obtain coverage through the district.

The **mandatory** buyout is required of all employees who are subject to the district's spousal dual health coverage restriction.

All employees applying for the buyout (voluntary or mandatory) for the 2011-2012 school year, must submit the following documentation by Tuesday, May 31, 2011:

- 1.) The Declination of Health Insurance form, which **MUST** be notarized.
- 2.) A copy of your present insurance card, which **MUST** be attached to the Declination of Health Insurance form.

BUYOUTS WILL BE PAID BY MAY 1, 2012

(HPTA members will be paid on a bi-weekly basis from September - June)

***CSEA members must hand deliver their buyout forms to district office.
Members will be provided with a stamped copy as evidence of receipt.***

**RETURN THE REQUIRED DOCUMENTS BY MAY 31, 2011 TO:
(Forms received after May 31, 2011 will not be accepted)**

**Christine Smith
Personnel Administrator
Administration Offices
PO Box 2033
Hyde Park, NY 12538
(845) 229-4001 x1027**