



Gilboa-Conesville Central School

Business Office, 132 Wyckoff Road, Gilboa, NY 12076

(607) 588-7541, Option 6

TO: Gilboa Faculty Association Employees
Gilboa Non-Teaching Association Employees
Transportation Association Employees

MEMO

FROM: Bonita Chase

DATE: May 31, 2019

RE: **HEALTH INSURANCE BUYOUT**

Gilboa-Conesville Central School will offer the option of a health insurance buyout, as per the Gilboa Faculty Association Agreement, Non-Teaching Association Agreement and Transportation Association Agreement. If you wish to participate for the 2019-20 school year, you **MUST** return this form to Bonnie Chase by **June 21, 2019**.

I am declining health insurance for the following reason *(please place initials on line next to appropriate reason)*:

- Health insurance coverage through Spouse
- Health insurance coverage through another employer
- Health insurance coverage through a Medicare Supplement
- COBRA coverage
- Other. Please list reason _____

By declining coverage offered by the District, I understand my dependents and I may not be eligible to enroll for benefits without a 3-month waiting period or if due to a qualifying event. If you elect coverage as a result of a qualifying event you must enroll within 30 days of the event. I further understand that by declining coverage offered to me by the District, I may not be eligible for any subsidies if I choose to purchase health insurance on the state operated health insurance exchange.

In order to qualify, you must provide written documentation of other health insurance coverage. You will then receive up to 50% of the annual individual premium that would otherwise be paid by the District for the participating employee. You have the option to either (1) distribute payments equally among pay periods or (2) receive payment in two equal installments during the months of December and June.

I wish to participate in the health insurance buyout.

- Distributed equally among pay periods
- Two equal installments during the months of December and June

(Continued on the back)

**AFFIRMATION OF ALTERNATE COVERAGE
FOR RECEIPT OF CASH PAYMENT IN LIEU OF INSURANCE**

Where the District offers any payment in lieu of health insurance coverage, the employee must have alternate group health insurance coverage in order to be eligible. *Medicare coverage is not considered group coverage and will not qualify for any payment in lieu of coverage for active employees.*

I affirm that I have alternate group health insurance coverage as I indicated by my initials above.

PROOF OF INSURANCE

Alternate Insurance Provider: _____

Policy Number: _____ Group Number: _____

Telephone Number of Provider: _____

Your signature indicates you have been advised of your options to choose Health Insurance coverage as an employee of the Gilboa-Conesville Central School and elect to decline coverage at this time. Elections must be made annually. Furthermore, you acknowledge coverage under an alternate insurance provider.

Name (Please Print)

Signature

Date

****If proof of insurance is not received before August 1, 2019 a revised salary notice will be sent to you removing the health insurance buyout***