

HEALTH INSURANCE BUY OUT APPLICATION
CSEA

Please Complete and Return to the District Office

I, _____, do hereby apply to have the School District buy out my contractual right to health insurance coverage in accordance with the terms of Section 16.4 of the collective bargaining agreement between CSEA and the School District. I am entitled to a stipend of \$ _____, which will be paid in the first payroll check in June. If this amount is not correct, I will be notified by the Business Office as to the correct amount.

I understand by applying for such buy out that I must provide proof of health insurance coverage from another source. I have attached this proof to this application.

I further understand that by permitting such buy out I will not be able to receive health insurance coverage through the School District until I make a written request to do so. Any such future request is subject to the rules and regulations of the health insurance provider, which means, among other things, that I may not be able to immediately reenter a District plan.

I have reviewed Section 16.4 and understand the mutual obligations stated therein.

You must reapply each June, with a new application and insurance card.

Date: _____

Signature

Review by District Office:

Date of Hire: _____

Coverage Type: Individual

Business Office Approval: _____