

HEALTH INSURANCE BUY OUT APPLICATION  
BTA – Effective July 1, 2015  
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 the collective bargaining agreement between BTA and the School District. I am entitled to a stipend which will be paid in equal installments over 21 or 25 payrolls (as indicated below).

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 12.2 in the BTA contract and understand the mutual obligations stated therein as follows:

All employees hired after November 1, 2005 will be eligible for an Individual Buyout Plan only in the amount of \$1,750.00.

Employees hired prior to November 1, 2005 will be eligible for the Health Insurance Buyout as follows:

- \$1,750.00 for an Individual Plan
- \$3,500 for a Two-Person Plan
- \$4,500 for a Family Plan

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

Today's Date: \_\_\_\_\_

\_\_\_\_\_  
Signature

Review by District Office:

Date of Hire: \_\_\_\_\_

Total Amount of Buy-Out: \$ \_\_\_\_\_

Biweekly      \_\_\_\_\_ 21 pay option      \_\_\_\_\_ 25 pay option

Business Office Approval: \_\_\_\_\_