

**YOUGH SCHOOL DISTRICT
Election of Health Insurance Withdrawal/Buyout
2018-19 School Year**

TO: AFSCME Employees

FROM: Business Office

RE: Health Insurance Withdrawal/Buyout

Date: May 15, 2018

Attached is the Health Insurance Withdrawal/Buyout form for your use should you decide to opt out of the District's health insurance coverage for the 2018-19 School Year. You will receive this form each year in May. The benefit year is July 1 to June 30. **The monetary benefit provided for herein shall be pro-rated on a monthly basis and paid at the end of each month to the employee who does not participate in health insurance coverage as evidenced by his/her written notice of withdrawal of such insurance.**

What is the Health Insurance Withdrawal/Buyout?

The Education Association Contract contains a provision entitled Health Insurance Withdrawal/Buyout. Under this provision, you may elect to withdraw from the health insurance coverage provided by the agreement; and in lieu thereof, receive a yearly benefit of \$4,000.00. This option is available to only those employees who already have health insurance coverage through their spouse and thus the school district's plan would be a duplication of insurance.

How will I receive the monetary benefit?

The monetary benefit provided for herein shall to pro-rated on a monthly basis and paid at the end of each month to the employee who does not participate in health insurance coverage as evidenced by his/her written notice of withdrawal of such insurance. The employee withdrawing from the insurance program must notify the district in writing that he/she is withdrawing from the insurance program effective immediately and must direct the district to immediately cancel his/her insurance with the district insurance carrier (by completing the termination form).

Can I return to the Health Insurance of the District during the year of elected withdrawal?

An employee may return to the District's health insurance coverage during the school year after providing the District acceptable proof of (1) Separation or divorce of the spouse carrying insurance; (2) Death, resignation, retirement of the spouse carrying the Insurance; (3) A significant change in the health coverage of the spouse carrying the insurance; (4) An adverse difference in dependent coverage; or annually through the election process.

How do I elect the Withdrawal/Buyout?

By completing the top portion of the attached form. Then have your spouse take the form to his or her employer to complete the bottom section. Then return the completed form to the Business Office by June 1, 2018.

**YOUGH SCHOOL DISTRICT
HEALTH INSURANCE WITHDRAWL/BUYOUT**

SECTION 1: To be completed by the Yough School District employee waiving Health Insurance Coverage.

Employee Name _____ Payroll # _____

I request that Yough School District cancel my insurance with the district insurance carrier.

Please Initial

For the Dental and Vision plans, please indicate your choice:

	Waive	Keep
Dental	_____	_____
Vision	_____	_____

Note: Keeping or electing the Buyout of Dental and/or Vision will not affect your Buyout Amount.

Employee Signature _____ Date _____

Section 2: To be completed by employer providing medical coverage for Yough School District employee:

I certify that _____ has group medical coverage (Name of Yough School District Employee) please print

provided by the employer named below:

Name of Employer: _____

Medical Plan Name: _____

Effective Date of Coverage: _____

Employer Signature _____ Date _____

Return completed form to the Business Office.