

POCANTICO HILLS CENTRAL SCHOOL DISTRICT

Health Insurance Enrollment/Declination

EMPLOYEE INFORMATION

We are required to collect this information in order to respond to any IRS inquiries

Enrollment/Declination

The Affordable Care Act (ACA) requires the school district to offer to enroll all employees who are regular full-time employees who work 30 or more hours per week and variable hours' employees who meet the standard measurement period qualification of working 30 or more hours per week or 130 hours per month, participation in the District's group health plan for individual and family coverage. The District also recognizes the right of individuals to decline coverage as described below. This document is evidence of the District's Offer of Health Insurance to you and your dependents, if any. The offer is on-going from year to year for those who qualify as stated above.

Please use this form to indicate whether you choose to opt-in for individual and family coverage, if applicable or for individual coverage only (if there are no dependents) or opt-out of coverage, or elect to use a health insurance buy-out offered by your bargaining unit's Agreement.

Personal Information of the Insured

Full Name:

Last

First

M.I.

Address:

Street Address

Apartment/Unit #

City

State

Zip Code

Phone Number:

Home Phone

Alternate Number

Email:

Employee ID:

Employer to fill out

Birth Date:

(SEE RESERVE)

Coverage

Please check below if you wish to OPT IN for health insurance coverage within the district. Please indicate whether you OPT IN for Individual or Family coverage.

Opt In For Coverage Individual Family
(Individual or Family)

If you chose to OPT IN for health insurance coverage, please fill out the green NYSHIP health insurance form.

Please check below if you wish to OPT OUT of health insurance coverage and wish to take the buy-out from your bargaining unit. Please indicate below whether you OPT OUT for Individual or Family coverage. If you OPT OUT of coverage please provide a copy of your current health insurance card for our files.

Opt Out For Coverage Individual Family
(Individual or Family)

If you chose to OPT OUT of the health insurance coverage, please check below the bargaining unit you wish to take the health insurance buy-out from.

CSEA PHTA

Employees Signature Date: _____