

**BRENTWOOD UNION FREE SCHOOL DISTRICT
BRENTWOOD, NEW YORK**

HEALTH INSURANCE OPT-OUT ELECTION FORM

In accordance with the provisions of the employee contract with the Brentwood Union Free District, I am applying to receive payment equal to 50% of the District's health insurance cost in lieu of health insurance coverage provided by the District. I understand that the following stipulations apply:

1. My spouse is covered by a family health insurance plan or I have health insurance coverage due to a second job. **Please provide a copy of your marriage certificate, if not submitted previously, and a copy of your medical card. The District does not recognize domestic partners, therefore, if a copy of your marriage certificate is not on record, the opt-out will be paid based on the individual insurance rate.**
2. Payment will be made the last pay date of the calendar year.
3. Coverage may be reinstated due to the following changes in family status:
 - Loss of second coverage for any reason

By reinstating health insurance coverage during the calendar year, the employee will forfeit the entire financial remittance (the District's fifty percent (50%) of the accrued savings) which would normally be paid in the last paycheck in December.

Said employee would begin contributing toward the cost of health insurance coverage via payroll deduction.

4. The District cannot be held responsible for any claims that arise during the time you are not covered by the District's health insurance program due to your exercise of this option.

Employee's Name _____ School _____

Employee ID# _____

Bargaining Unit (Circle One) BTA, BCA, LOCAL 237, BPSO, BPNA

Spouse's Name _____

Spouse's (or Second Job) Health Coverage _____

Employee Signature

Date

Please Note: Applications must be received by the Business Office no later than November 20th, 2018.