

BALDWINSVILLE TEACHERS' ASSOCIATION
ELECTION FORM
HEALTH INSURANCE BUY OUT / BUY DOWN OPTION

According to the 2021-2025 contract provisions of Article 12 Section 5 a) and Article 12 Section 6 a), I hereby elect the following:

_____ **Buy Out Option Article 12 Section 5 a)**
I hereby elect to decline health insurance coverage and receive a financial consideration.

_____ \$1,000 Individual Coverage
_____ \$1,750 Family Coverage

I agree to supply to the Office of Human Resources a **certificate of coverage** from my spouse's (opposite-sex or same-sex) coverage. Without this document, the District will not be able to provide the financial incentive.

_____ **Buy Down Option Article 12 Section 6 a)**
I was previously enrolled in the District Health Insurance Plan and elect to decrease the amount of coverage and receive financial incentive.

_____ \$1,200 Family Coverage and elect to decrease coverage to Individual.

I understand the financial annual incentive shall be made through payroll on a per-pay basis as long as I choose to participate. In addition, I acknowledge that time spent on an unpaid leave of absence shall reduce (pro-rate) the incentive.

Signed this _____ day of _____, _____.

Employee Signature

Print Name