

BALDWINVILLE CENTRAL SCHOOL DISTRICT

OFFICE OF HUMAN RESOURCES
29 EAST ONEIDA STREET
BALDWINVILLE, NEW YORK 13027

CIVIL SERVICE EMPLOYEES ASSOCIATION, LOCAL 834

ELECTION FORM HEALTH INSURANCE BUY OUT / BUY DOWN OPTION

According to the current collective bargaining agreement provisions of Article IX, Section 2 A, hereby elect the following:

_____ **Buy Out Option Article IX, Section 2 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 IX, Section 2 B:**
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

***Employee must also complete the Employee's Benefit Verification Form indicating a declination of coverage AND supporting documentation dated in the last sixty (60) days of current individual or family coverage.**