
Voluntary OPT-OUT OF HEALTH INSURANCE BENEFITS
Administrator's Association

The voluntary opt-out of BOCES sponsored medical insurance plans is subject to the following conditions. By signing below, I acknowledge my understanding of the requirements to participate.

1. Any compensation will be pro-rated to adjust for those active members joining or separating from the BOCES after July 1st of the fiscal year.
2. Unit members, who, through qualifying events, require medical insurance after initially opting out, will not be eligible for this compensation.

Voluntary Opt-Out of Medical Insurance (check one option below):

I have waived my right to enroll in the BOCES-sponsored health insurance plans for the **2019-2020** school year and request the Health Insurance Voluntary Opt-Out, subject to the terms and conditions in the Administrators Association Agreement, and its successor agreement. Documentation of other insurance is required.

- I am eligible for individual health insurance coverage and have opted not to enroll.
- I am eligible for two-person health insurance coverage and have opted not to enroll.
- I am eligible for family health insurance coverage and have opted not to enroll.

I understand in order to participate in the voluntary opt-out of medical insurance; it is my obligation to provide the Benefits Coordination Office documentation showing health insurance coverage.

Additionally, if I desire to enroll in medical insurance at some later date, I will have to comply with the applicable requirements of the group policy.

Employee's Signature

Date

Employee Name *(Please Print)*

Please return the completed form no later than June 30, 2019 to:

Laurie L. Kincaid, Benefits Coordinator

lkincaid@wswebooces.org

Ph: 518-746-3303

Fax 518-746-3301 or 518-581-3301

Inter office: Burgoyne Avenue