

Health Insurance Buy-Out Form

This form is to be used by employees who are eligible for BOCES sponsored health insurance coverage, but instead wish to exercise their right to Buy-Out payments, as articulated in their respective Collective Bargaining Agreement or Terms & Conditions of employment. This form should also be used by eligible employees who wish to switch from the Buy-Out option to a BOCES health insurance plan (only available during the open enrollment period or as the result of a qualifying event for existing employees). **Even employees that have received payments previously must complete this form to maintain their Buy-out.**

If requesting a Buy-Out, this form must be accompanied by documentation confirming alternate coverage for the individual (and spouse and/or dependents if applicable). This form is not to be used by employees currently covered by a BOCES health insurance plan that wish to maintain coverage.

Please send completed forms and required information (if applicable) **no later than May 31, 2021** to:

 Irma Puig, Benefits Coordinator, (irma.puig@dcboces.org)

To be completed by Employee:

NAME: _____ DEPARTMENT _____

(select one option and complete all related components)

- I currently have existing (check one) Individual Family health insurance coverage as provided by _____ (list health insurance provider) and wish to receive health insurance buy-out payments for the period of July 1, 2021 through June 30, 2022. I understand that these payments will be made in lieu of Dutchess BOCES sponsored health insurance coverage, in accordance with my Collective Bargaining Agreement or Terms & Conditions of employment. I understand that to receive such payments I must provide **proof of alternate coverage for me (and my dependents if applicable) and have enclosed copies of such proof with this form.**
- I took the Health Insurance buy-out during the 2020-2021 school year, but wish to enroll in a BOCES sponsored health plan effective July 1, 2021. I have completed and enclosed the enrollment application.

Signature

Date

Dutchess County Board of Cooperative Educational Services

Administrative Offices: 845.486.4800

www.dcboces.org