



**2018-2019
ONC BOCES Health Buy-Out Option Form/Waiver**

ONC BOCES offers a health insurance buy-out option to any employee eligible for health insurance. Employees wishing to participate in the buy-out program must elect to have no insurance through ONC BOCES. Payment will be based on your Collective Bargaining Agreement or by Board Resolution. In order to participate, you must submit this signed Option Form with a **copy of proof of alternative insurance coverage NO LATER THAN OCTOBER 1ST, 2018**, to the Human Resources Office. This option form/waiver and proof of coverage must be submitted annually in order to participate.

If, during the course of the year, circumstances change and an employee experiences a “qualifying event”* in which alternative coverage is no longer available, the employee may enroll in the insurance plan at that time.

*Examples of qualifying events fall under the general category of lifestyle changes, i.e.: marriage, divorce, death, reduced work hours, spouse loss of job.

DECLINATION OF MEDICAL INSURANCE/ WAIVER OF LIABILITY

THIS MUST BE RETURNED BY OCTOBER 1, 2018 WITH A COPY OF YOUR INSURANCE CARD

I, _____, am electing the health buy-out option for the 2018-2019 school year and have attached proof of alternative coverage. I have been advised of the availability of the medical benefits available and chose to elect no insurance. ONC BOCES shall not be liable for any uninsured medical costs.

For any employee who had previously elected “No Insurance”, the Buy-Out will be calculated on the entire 12 months. New employees electing the Buy-Out, payment will be prorated.

I HAVE REVIEWED AND UNDERSTAND THE PAYOUT AMOUNT IN THE CONTRACT OR BENEFIT POLICY.

_____ Date

_____ Signature