

**SOUTH COLONIE CENTRAL SCHOOLS  
102 LORALEE DRIVE  
ALBANY, NEW YORK 12205  
518-869-3576 EXT. 2455**

**HEALTH INSURANCE OPT-OUT  
FOR CSEA EMPLOYEES**

**Contract Dated 7/1/2008-6/30/2013**

**“H. Opt-Out Health Insurance Option**

1. A unit member employed by the District who is eligible for health insurance benefits and who is otherwise health insured, may annually opt out of the District’s health insurance program during the May open enrollment period and receive an annual payment of \$600 for each year of non-participation. Employees who are otherwise health insured must elect not to participate in the District’s health insurance program for a minimum of one (1) full year to receive an opt-out payment as stated above. Such payments shall be made by the District in two (2) installments in the year following one (1) full year of non-participation, the first payment to be made during December and the second to be made during June of the school year in which payment is due.
2. The application, together with proof of alternative health care coverage, will be submitted to the Business Office in writing each year in May (open enrollment period) in order to opt out as of July 1<sup>st</sup>.
3. Re-entry into the District’s health insurance program shall be allowed at any time, subject to the waiting period or open enrollment period, if any, of the District’s health insurance programs rules and regulations.
4. Re-Entry into the District’s health insurance program shall be conditioned upon the following:
  - a.) The unit member’s repaying the pro-rata portion of sums paid, if any under this section; and,
  - b.) Establishing a change of circumstance of an emergency nature;
  - c.) The unit member contributing to the premium cost for the health insurance to the same extent as if they had not opted out.”

**Please initial the following:**

\_\_\_\_\_ I have read and understand the above information and am electing to participate in the opt-out program.

\_\_\_\_\_ I have enclosed proof of alternative health care coverage.

\_\_\_\_\_ I understand that I have to reapply each year during the month of May to opt out for July 1<sup>st</sup> of the same year.

\_\_\_\_\_ I understand that I will not receive the \$600.00 payment until the year following the year of non-participation.

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
District Approval

\_\_\_\_\_  
Date