



Elmira City School District

“Preparing Students for the Future”

Health Benefits Opt-Out Election July 1, 2019 to June 30, 2020

(Use this form ONLY for members of
The Elmira Schools Supervisory and Administrative Council)

Please read, sign, date, and return this form to the **Elmira City School District, Attn: Employee Benefits Coordinator, 951 Hoffman Street, Elmira, New York 14905** no later than **May 17, 2019**, or within 30 days from date of hire, if you are an eligible employee who elects not to enroll as a participant in plans offered by the District through the MVP Health Plan or any successor plan (“Health Plan”) but, rather, to receive a cash payment of \$2,500.00 for the period commencing July 1, 2019, and ending on June 30, 2020, which payment shall be included in your final pay check of the fiscal year.

If you have a spouse who is a District employee who also elects not to enroll in the Health Plan, he or she will be entitled to an opt-out benefit of \$1,250.00 for the period described above (or a higher amount if the spouse’s agreement provides a greater amount).

This election is irrevocable for the period described above; provided, however, that if an event occurs that would permit you or your spouse to enroll in any of the above-described Health Plans mid-year, this opt-out election will terminate as of the date you or your spouse enrolls in one or more of such plans, and opt-out benefits will be pro-rated based on the number of full months of the fiscal year for which the opt-out election was in effect.

To be Completed by Employee:

By signing below I elect to waive my right to any or all health insurance benefits (not including benefits offered through stand-alone vision and dental plans) offered by the Elmira City School District for the period commencing July 1, 2019, and ending June 30, 2020, on the terms and conditions set forth above.

Name: _____ Date: _____

Signature: _____

Complete if applicable:

I have a spouse employed by the District who is also independently electing not to enroll in health insurance benefits (not including benefits offered through stand-alone vision and dental plans) offered by the Elmira City School District for the period commencing July 1, 2019, and ending June 30, 2020. His or her name is:

_____.

Office use only:

Date Received: _____

Initials of Employee Benefits Coordinator: _____

