



A Proud Tradition - A Bright Future

Health Insurance Opt-Out Form

Full-Time Professional Employees

I elect **NOT** to participate in the medical and prescription insurance program from July 1, 2011 through June 30, 2012. This non-participation entitles me to compensation in the amount of \$500, payable in the last pay period of June. I understand that this allocation will be reported as employee income as per the Collective Bargaining Agreement effective from July 1, 2010 through June 30, 2014, section 11-2 (B).

I understand that, if necessary, I may sign up for medical insurance during the next open enrollment period for the following school year.

I have attached the below requested documentation and submitted this information to the Human Resources Department no later than **July 1, 2011** in order to be eligible for the non-participation payment.

_____ letter submitted on letterhead as proof of existing coverage

_____ copy of current insurance card

I understand that I will remain enrolled in the non-participation reimbursement as long as I submit a new copy of my existing insurance card and letter verifying coverage along with the completed Opt Out form for each school year to the Human Resources Department no later than the first teacher day of the current school year.

Employee Name: _____

Location: _____