



Oxford Area School District

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 each school year to the Human Resources Department no later than the first teacher day of the current school year.

Employee Name: _____

Location: _____