

**DECLINATION OF HEALTH INSURANCE  
2021-2022 SCHOOL YEAR**

<u>Office Use Only</u>
Amt _____
Prorated Dates: _____
FULL Amt: \$ _____

At this time, I choose to decline enrollment in the health insurance options available to me through the Hyde Park Central School District and, instead, apply for the health insurance buyout. I attest that I am an eligible employee who qualifies for the health insurance buyout and that I am presently covered under another health insurance policy. **I have provided valid proof of this coverage by attaching a copy of my health insurance card to this form.**

**I UNDERSTAND THAT BY APPLYING FOR THE BUYOUT AND DECLINING HEALTH INSURANCE DURING THE OPEN ENROLLMENT PERIOD THAT:**

1. I am unable to enroll myself, and any eligible dependents, in health insurance until the next open enrollment period, unless a qualifying event occurs during the year.
2. I will receive a prorated buyout payment if a qualifying event occurs during the year and I enroll in health insurance.
3. I am still eligible to select health insurance during retirement, although I have chosen the buyout option as an employee.

Name: \_\_\_\_\_ Union/Unit: \_\_\_\_\_  
Please √:  ACTIVE  RETIREE

DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_  Insurance Card attached

Address: \_\_\_\_\_  
\_\_\_\_\_

Phone: (\_\_\_\_) \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Acknowledgement to be completed by Notary Public**

STATE OF \_\_\_\_\_ COUNTY OF \_\_\_\_\_

On this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_

Before me personally appeared \_\_\_\_\_ to me known and known to be the person described in and who executed the foregoing instrument, and he/she duly acknowledged to me that he/she executed same.

\_\_\_\_\_  
Notary Public (Please sign, affix stamp and include expiration date)

# HYDE PARK CENTRAL SCHOOL DISTRICT

## Human Resources

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**TO:** All Employees  
**FROM:** Jason Fredrickson, Human Resources  
**RE:** Health Insurance Buyout

The **voluntary** buyout is a benefit offered to those employees who have health insurance coverage elsewhere and do not wish to obtain coverage through the district.

The **mandatory** buyout is required of all employees who are subject to the district's spousal dual health coverage restriction.

**All employees applying for the buyout (voluntary or mandatory) for the 2021-2022 school year, must submit the following documentation by May 31, 2021:**

- 1) The Declination of Health Insurance form, which **must** be notarized.
- 2) A copy of your present insurance card, which **must** be attached to the Declination of Health Insurance form.

***HPTA unit members will be paid their buyout on a bi-weekly basis (20 installments) from September through June.***

**All other buyouts will be paid by May 1, 2022.**

**Please submit the required documents by May 31, 2021:**

**HPCSD Human Resources, P.O. Box 2033, Hyde Park, NY 12538-8033**

**or**

**[HR@HPCSD.org](mailto:HR@HPCSD.org)**

**or**

**Fax to 845-229-4056**