MEDICAL INSURANCE OPT-OUT – 2020-2021

H.R. Office Only
To Payroll: _____

You must complete this form annually, along with providing a copy of health insurance card(s) for yourself, spouse, and dependents, if you are *opting out* of medical insurance coverage for the 2020-2021 year.

The opt-out amount will be paid out over the number of pay checks you receive during the year. Opt-Out Payment ends at the time of separation from employment.

Please note that the payment will be pro-rated from the date it is received and there will be no retro-payments.

SEA BARGAINING UNIT:

In accordance with SEA Article XV (15-3) any employee who does not take medical insurance and provides proof that he/she has obtained other medical insurance coverage will receive $1,200 for a single membership, $1,500 for a 2-person membership and $1,750 for a family membership, minus any penalties imposed on the District because the Employee receives an insurance subsidy (e.g., under the Patient Protection and Affordable Care Act).

SESPA BARGAINING UNIT: (grandfathered only prior to 20/21)

In accordance with SESPA Article IX (C) any employee who does not take medical insurance and provides proof that he/she has obtained other medical insurance coverage will receive $1,000 for a single membership, $1,250 for a 2-person membership and $1,500 for a family membership, minus any penalties imposed on the District because the Employee receives an insurance subsidy (e.g., under the Patient Protection and Affordable Care Act).

NON UNION STAFF:

Any eligible employee who does not take medical insurance and provides proof that he/she has obtained other medical insurance coverage will receive $1,200 for a single membership, $1,500 for a 2-person membership and $1,750 for a family membership, minus any penalties imposed on the District because the Employee receives an insurance subsidy (e.g., under the Patient Protection and Affordable Care Act).

ADMINISTRATION: Opt-Out in accordance with Administrator's contract in effect.

* * *

If you are opting out of medical insurance for yourself, spouse and or dependents, please complete the opt-out below, and return in full to the SAU H.R. office no later than June 1, 2020. *By completing this form and providing copies of health insurance card(s) for spouse and dependents that you are claiming, you are acknowledging that you and your eligible spouse and or dependents are enrolled in other medical insurance.*

Please check your category and circle the membership you are eligible for:

SEA _____ SESPA_____ NON UNION_____ ADMIN_____

NAME _____

One Person
Two Person
Family

DISTRICT _____

I do not subscribe to my employer's group medical plan and I am an eligible employee covered under the SEA or SESPA CBA, am a non-union employee or an Administrator. I understand that I am not eligible to elect medical coverage, exclusive of a life changing event, until July 1, 2021. I also understand that if I fail to complete this sheet by July 1st, my waiver will be pro-rated based on the date it is completed and submitted.

_____
SIGNATURE/DATE