



*Sachem Central School District
Administration Annex*

JAMES J. NOLAN
SUPERINTENDENT OF SCHOOLS

BRUCE H. SINGER
ASSOCIATE SUPERINTENDENT

51 School Street
Lake Ronkonkoma, NY 11779
(631) 471-1321 Office
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To: NYSHIP Empire Plan New Enrollees and Dependents to be Re-Enrolled

From: Bruce Singer, Associate Superintendent

Date: July 2011

A handwritten signature in black ink that reads 'Bruce Singer'.

**The New York State Department of Civil Service
Policy on Proofs Required Establishing a Dependents' Eligibility**

The New York State Department of Civil Service has revised their requirements to proof a dependent's eligibility.

The District's Health Insurance Waiver Program is based on the rules of the NYSHIP Empire Plan.

To qualify for the Individual waiver, please send the completed application along with a copy of your health insurance card.

To qualify for the Family waiver, the following requirements must be met:

- A copy of your current health insurance card
- A copy of your marriage certificate
- For marriages that took place more than 1 year ago, proof of joint ownership/joint financial obligations is required. (ie: prior years tax return, if tax document is not provided, a current bank statement, mortgage statement or homeowner's policy)

*If your spouse is an employee of the Sachem CSD, please refer to your bargaining unit agreement to see if you qualify for the family waiver. Please do not mark off family if you are not entitled to it.

Completed documentation must be received in the Benefits Office in order to be enrolled in the program. If you do not supply the required documentation, you will not be enrolled in the program.

If you have any questions, please contact Dawn MacVicar in the Benefits/Payroll Department, Room 224 at 631-471-1324, extension 1325.

SACHEM CENTRAL SCHOOL DISTRICT

Lake Ronkonkoma, NY 11779

DATE: October 17, 2011

TO: All Sachem Staff
FROM: Gail A. Grenzig
RE: WAIVER OF HEALTH INSURANCE COVERAGE

Please be advised that in accordance with Internal Revenue Service regulations, the district has been advised by counsel that the "opt-out period" for the waiver of health insurance must run in line with the calendar year, January 1 through December 31. As such, for the "opt-out" period (January 1, 2012 - December 31, 2012), the open-enrollment period will be conducted during the month of November. Consequently, the initial payment for those employees selecting this option will be made in June 2012, with the balance to be paid in December 2012.

It is important to remember that this waiver of insurance must be renewed **each** time an open-enrollment period is conducted regardless of whether or not you waived your health insurance during the prior year. Please be reminded that the cash reimbursement will be equal to one-half (1/2) of the value of the cash premium waived. As such, the annual reimbursement for family coverage will range from approximately \$6,500 - \$8,000 and for individual coverage from approximately \$3,000 to \$4,200 depending on the premium contribution rate. In considering this option, an employee must satisfy the following:

He or she must have current active health insurance coverage under another family member's plan, whether employed by the Sachem Central School District or not. Annual proof of coverage is required. Please attach a copy of your current insurance card to the waiver.

In order to follow NYSHIP rules and regulations, if you are claiming family reimbursement, and have not previously claimed this, a copy of your insurance card, marriage certificate and proof of joint ownership must be attached to this waiver. If you have previously provided a copy of your marriage certificate, you must continue to provide a copy of your insurance card and proof of joint ownership.

Acceptable proofs of joint ownership are as follows:

- Prior year tax return**
- Current joint bank statement**
- Mortgage statement or homeowner's policy**

Please feel free to black out any personal financial information.

Please note that should you elect to waive your health insurance coverage, this action may affect your eligibility for participating in the excess major medical plan. Should you have any concerns in this regard, it is recommended that you contact JJ Stanis at 516 465-3900.

If you are interested in this option, which, of course, is totally voluntary, please read carefully the information contained herein. By completing this form, you waive your rights to health insurance coverage for January 1, 2012 - December 31, 2012 unless you lose your other health coverage, which would necessitate your re-enrollment. At that time there could be a waiting period, depending on your individual circumstances.

If both spouses are employed by the District, then only the individual "opt out" stipend may be available. Please check your union contract for the specifics. If you are planning to retire and have waived your health insurance, you may re-enroll without any waiting period one month prior to retirement.

For those staff members who wish to exercise this option and waive their health insurance coverage from January 1, 2012 - December 31, 2012, the waiver form and required documentation must be returned to Dawn MacVicar in the payroll office by November 18, 2011.

If you have any questions, please contact the payroll office.

SACHEM CENTRAL SCHOOL DISTRICT AT HOLBROOK
WAIVER OF HEALTH INSURANCE

I wish to exercise my option to opt out of and not participate in the health insurance program, commencing January 1, 2012.

By my signing this waiver, I understand that I will be giving up my right, as an employee of the Sachem Central School District, to be covered by the District's health insurance program and any benefits provided by the program for the period of January 1, 2012 - December 31, 2012. I shall receive from the District a cash payment equal to one-half (1/2) of the premium that the District will not have to pay for my health insurance for the period January 1, 2012- December 31, 2012. Such amount will be paid to me during the months of June 2012 and December 2012.

I further understand that I may revoke this waiver and be re-enrolled in the District's health insurance program, effective January 1 of any year, without any waiting period, by giving written notice to the Assistant Superintendent for Personnel at least thirty (30) days prior to my re-enrollment (Jan. 1).

If at any time during the period when this waiver is effective it becomes necessary to re-enroll in the District's health plan due to loss of coverage under another plan (COBRA rights notwithstanding), the District shall permit the re-enrollment without a waiting period, if written proof of loss of coverage under another plan is submitted. In the event, however, that I opt out and I was not covered by another health program and it becomes necessary to re-enroll in the District's health program, I understand that my coverage under the District's health insurance program will not become effective until three (3) months after I re-enroll.

I hereby release the union which represents me and the Sachem Central School District, their employees and agents from all actions, suits, debts, judgments, claims, and demands whatsoever in law or equity arising out of or concerning any elect not to participate in the District's health insurance program, in accordance with the terms of this Agreement. I make this waiver of benefits without duress and/or coercion of any form and in full knowledge of its consequences.

_____ Yes, I am interested in the Health Insurance Waiver. If applicable, please cancel my health insurance and discontinue my premium contribution. I have enclosed a copy of my insurance card, and proof.

_____ Please continue my participation in the district opt-out program. My marital/family status has not changed since last year; documentation was previously provided to the district. A copy of my **insurance card** is attached to this waiver along with **proof of joint ownership** (i.e, tax return, mortgage statement, home owners insurance).

If you do not return this form, it is assumed that you do not wish to opt out of health insurance for January 1, 2012 - December 31, 2012. (Please submit by November 18, 2011)

Withdrawal: (check one) Individual _____ Family _____
(provide copy of health ins.card) (provide copy of health ins.card
and current proof of joint ownership)

Social Security # _____ Name _____
(please print)

Date: _____ Signature: _____

Is your spouse/parent an employee/retiree of Sachem CSD? _____ yes _____ no

Signature - District Representative