

Mamaroneck UFSD

HEALTHCARE BUYOUT FORM PERIOD OF COVERAGE 1/1/2021 THROUGH 12/31/2021

Name (Print) _____

Employee's ID# _____

Healthcare Buyout

I hereby confirm that I have and will continue to have health insurance through December 31, 2021 with _____(provider) and decline health insurance provided by Mamaroneck Union Free School District (the District). I elect to receive the annual twelve-hundred dollar (\$1,200) buyout, paid through payroll in two equal installments in June 2021 and December 2021. I also confirm that should I become uninsured for any reason, I will notify the District immediately.

Signature

Date

Submissions:

In order to be eligible for the buyout you must have alternate health insurance coverage.

Please submit the following two items electronically to Krystle Leon at kleon@mamkschools.org in the Business Office no later than November 13, 2020:

1. A copy of your current Health Insurance ID card
2. Completed Health Buyout Form

The Healthcare Buyout Form and proof of health insurance must be completed and submitted electronically **each calendar year during open enrollment**. Failure to submit this completed form and proof of insurance annually by the end of the open enrollment period will result in forfeiting the buyout option.

Please note that this form covers January 1,2021 through December 31,2021

Retirement and Buyout

If you are planning to retire in June 2021, your buyout payment will be reduced by 50% or \$600.00.

If you plan to retire in June 2021 and would like to have health insurance into retirement, you must enroll into the health plan during open enrollment to be effective January 1, 2021.