

**KUSPUK SCHOOL DISTRICT**  
Opt Out of Health Plan



To be completed by classified employees who choose to “opt out” of Kuspuk’s Health Plan.

Employee Name: \_\_\_\_\_

Please select one of the following:

\_\_\_\_\_ **Opt Out #1** – I choose to decline coverage under the Kuspuk Health Plan; I will receive (select one below):

\_\_\_\_\_ **\$950/year**, payable \$475 1st paycheck in October and \$475 1st paycheck in April for a single person or required spouse opt out.

\_\_\_\_\_ **\$1,900/year**, payable \$950 1st paycheck in October and \$950 1st paycheck in April for a family opt out.

\_\_\_\_\_ **Opt Out #2** – I choose to decline medical coverage under the Kuspuk Health Plan and continue dental, vision and AD&D insurance coverage; I will receive **\$700 /year**, payable \$350 1st paycheck in October and \$350 1st paycheck in April.

*I hereby certify that I have other health coverage, and that the opt out plan has been explained to me. I understand that I will not be able to resume coverage that I have opted out of until the next September open enrollment period, unless I have a change in family status. In the event I leave Kuspuk employment before the end of the plan year, I understand that a portion of my opt out payment may be withheld from my final paycheck.*

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Payroll Office Signature

\_\_\_\_\_  
Date