



## Mamaroneck Union Free School District

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### **Health Insurance**

If you are enrolling in the District health insurance, you must complete and submit the following documents.

1. [UMR Employee Enrollment/Change Form](#)
2. If enrolling a spouse, a copy of your marriage certificate is required
3. If enrolling dependent children, a copy of a birth certificate is required for each

You have up to 30 days from your start date to enroll in health benefits. Outside of a qualifying life event, the next opportunity to elect coverage would be during the Open Enrollment Period which occurs only once annually in November.

If you are electing to opt out of District health insurance and collect the Health Buyout Waiver you must submit each year a completed [UMR Employee Enrollment / Change Form](#) waiving coverage on Page 1 and completing the Waving Coverage section on Page 2.

**You are required to re-enroll annually during Open Enrollment to continue receiving the health buyout payment.**

### **Life Insurance** (if applicable)

Please make sure to complete the form in its entirety, including beneficiary information as well as a signature.

**The District provides Group Life Coverage at no cost to you. Any additional coverage elected will be an out of pocket expense.**

This policy, as well as any additional coverage, is in place only as an active employee. You do have the option to convert your policy when leaving the District at higher rates.

### **Flex Enrollment**

Please make sure to include **both the per pay and annual calendar year deduction** you are electing for Medical and/or Dependent FSA.

When enrolling in a Flexible Spending Plan as a new hire, please note contributions made within each calendar year will not carry over to the following year if unused.

**You will be required to re-enroll annually during Open Enrollment if you would like to continue this benefit.**

### **Open Enrollment**

Open enrollment occurs annually from November 1-15 for coverage effective January 1st.

**The following must be completed annually during open enrollment to continue participation.**

1. Flex – both Medical/Dependent (as applicable) – [Flexible Spending Account Enrollment Form](#)
2. Health Buyout Waiver – [UMR Employee Enrollment / Change Form](#)

### **Dental/Vision**

Dental/Vision is handled through the MTA Welfare Fund for all units, except for the custodial unit. Dental/Vision benefits for the custodial unit are managed by the CSEA. Please see below contact information.

MaryAnn Lanza – All Others

[Lanza1@optonline.net](mailto:Lanza1@optonline.net)

Laureen Tuccitto – Custodial Unit Only

[benefits@mamkschools.org](mailto:benefits@mamkschools.org)

Please submit any documents and/or questions to [benefits@mamkschools.org](mailto:benefits@mamkschools.org).