

**DECLINATION OF HEALTH INSURANCE  
2023-2024 SCHOOL YEAR**

<u><b>Office Use Only</b></u>
Hired: _____
Prorated Dates: _____
Buyout Rate: \$ _____

At this time, I choose to decline enrollment in the health insurance options available to me through the Hyde Park Central School District and, instead, apply for the health insurance buyout. I attest that I am an eligible employee who qualifies for the health insurance buyout and that I am presently covered under another health insurance policy.

**I have provided valid proof of this coverage  
by attaching a copy of my health insurance card to this form.**

**I UNDERSTAND THAT BY APPLYING FOR THE BUYOUT AND DECLINING HEALTH INSURANCE DURING THE OPEN ENROLLMENT PERIOD THAT:**

1. I am unable to enroll myself, and any eligible dependents, in health insurance until the next open enrollment period, unless a qualifying event occurs during the year.
2. I will receive a prorated buyout payment if a qualifying event occurs during the year and I enroll in health insurance.
3. I am still eligible to select health insurance during retirement, although I have chosen the buyout option as an employee.

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

**Insurance Card attached**

DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_

Union/Unit: \_\_\_\_\_

Please  $\checkmark$ :  ACTIVE  RETIREE

Address: \_\_\_\_\_

Phone: (\_\_\_\_) \_\_\_\_\_ Email: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Acknowledgement to be completed by Notary Public**

STATE OF \_\_\_\_\_ COUNTY OF \_\_\_\_\_

On this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_

Before me personally appeared \_\_\_\_\_ to me known and known to be the person described in and who executed the foregoing instrument, and he/she duly acknowledged to me that he/she executed same.

\_\_\_\_\_  
Notary Public (Please sign, affix stamp and include expiration date)

# HYDE PARK CENTRAL SCHOOL DISTRICT

## Human Resources

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**TO:** All Active Employees/Retirees

**FROM:** Shelby Outwater, Director of Equity and Human Resources

**RE:** 2023-2024 Health Insurance Buyout

The **voluntary** buyout is a benefit offered to those employees/retirees who have health insurance coverage elsewhere and do not wish to obtain coverage through the district.

The **mandatory** buyout is required of all employees/retirees who are subject to the district's spousal dual health coverage restriction.

**All employees/retirees applying for the buyout (voluntary or mandatory)  
for the 2023-2024 school year  
must submit the following documentation by June 2, 2023:**

- The Declination of Health Insurance form which **must** be notarized.
- A copy of your present insurance card which **must** be attached to the Declination of Health Insurance form.

***Active HPTA unit members will be paid their buyout  
on a bi-weekly basis (20 installments) from September through June.***

**All other buyouts (including all Retirees) will be paid by May 1, 2024.**

**Please submit the required documents by June 2, 2023:**

**[HR@HPCSD.org](mailto:HR@HPCSD.org)**

**or**

**Fax to 845-229-4056**

**or**

**HPCSD Human Resources, P.O. Box 2033, Hyde Park, NY 12538-8033**