

**EDGEMONT SCHOOL DISTRICT
DECLINATION OF HEALTH INSURANCE
2023-2024 Plan Year**

At this time, I choose to decline enrollment in the health insurance option available to me through the Edgemont Union Free 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 IF I ELECT TO APPLY FOR COVERAGE FOR MYSELF AND ANY ELIGIBLE DEPENDENTS THROUGH THIS EMPLOYER HEALTH BENEFIT PLAN AT A LATER TIME, THE APPLICATION MAY BE SUBJECT TO AN EXTENDED WAITING PERIOD OR I MAY BE DELAYED UNTIL THE EMPLOYER'S OPEN ENROLLMENT PERIOD, UNLESS A QUALIFYING EVENT OCCURS DURING THE YEAR.

Name: _____

Address: _____

Signature: _____ Date: _____