

## Memorandum

**To:** Benefit Eligible Employees

**From:** Department of Human Resources

**Re:** Health Insurance Buy-back Supporting Documentation Requirements

Health Insurance buy-back is not automatic. Pursuant to the terms of most employee contracts, employees must prove eligibility for the health insurance buy-back, based on the 90% comparability clause. Please refer to your contract to see if the health insurance buy-back is an option to members of your bargaining agreement. If so, please refer to information below listing the required proof that is needed for Human Resources to determine eligibility:

### **Please submit documentation for items 1 & 2:**

1. Three (3) recent, consecutive pay stubs showing your/your spouse's contribution amount paid for your individual/family health insurance (only). The amount cannot include dental, vision, flex, etc.

(The only information we need to see is: the name, date of pay stub, and amount of health insurance contribution. You can cross off all other information)

- OR -

A letter from your spouse's employer- on their company letterhead stating all of the following:

- The name of the insured, and list all covered dependents (as applicable), currently covered by (name of group health insurance).
  - Indicate exactly how much you/your spouse pay for the health insurance (only) -excluding dental, vision, flex spending, etc.
  - The letter must also indicate the frequency of how often you/the employee contribute toward the family health insurance (i.e. weekly, bi-weekly, etc.).
  - Include a total amount that you/the employee paid for health insurance for the past 12 months. If paying for the coverage less than past 12 months, they should provide an approximate amount you/your spouse are responsible to pay for the family health insurance annually.
2. In addition, please provide a brief Benefit Summary from your insurance carrier listing ALL of the following\*
    - Name and date of birth for insured member and all dependents, as applicable
    - Effective dates of coverage for all insured
    - Group name and number
    - Type of plan (i.e. PPO, HMO, etc.)

\*Above information can generally be found on your carrier's website, in the Member Services information area.