



The Hyde Park Central School District empowers our community to strive for excellence and embrace the opportunities of our globally connected world.

Administration Building · 11 Boice Road · PO Box 2033, Hyde Park, NY 12538 ·
Phone: (845)229-4009 · Fax: (845) 229-4056 · Email: BENEFITS@hpcsd.org

TO: All Active Employees/Retirees

FROM: Linda Steinberg, Assistant Superintendent for Finance & Operations

RE: 2025-2026 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 2025-2026 school year must submit the following documentation by May 30, 2025:

- ☐ The Declination of Health Insurance form.
- ☐ 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, 2026.

Please submit the required documents by May 30, 2025:

BENEFITS@HPCSD.org

or

fax to 845-229-4056

or

mail to HPCSD Business Office, P.O. Box 2033, Hyde Park, NY 12538-8033



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HYDE PARK CENTRAL SCHOOL DISTRICT DECLINATION OF HEALTH INSURANCE 2025-2026 SCHOOL YEAR

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 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: _____

Please Attach your Health Insurance Card to this Form

DOB: ____/____/____ Union/Unit: _____

Please Circle One: **ACTIVE EMPLOYEE** **RETIREE**

Address:

Phone: (____) _____ Email : _____

Signature: _____ Date: _____

Office Use Only: Effective Dates: _____

Buyout Amount: _____