Pittsburgh Public Schools
Students first
Always, in all ways.

Office of Human Resources
Central Administration

341 S. Bellefield Avenue
Pittsburgh, PA 15213

employeebenefits@pghschools.org
Phone: 412-529-3692
Fax: 412-622-3695

Employee Benefits Office

October 2, 2025

Dear Pittsburgh Board of Education Employee:

The Pittsburgh Board of Education and the Pittsburgh Administrators Association have agreed that Effective January 1, 2015, that any eligible administrator may waive health insurance coverage in exchange for an annual bonus of $500.00 (see reverse side of this letter for the agreement language). To be eligible for the bonus, you must provide proof that you and your eligible dependents are covered by another health insurance plan.

If you are waiving your health insurance coverage for the **2026 calendar year**, the attached form must be completed and received no later than **October 31, 2025**. Completed forms may be faxed to 412.622.3695, scanned to Employeebenefits@pghschools.org or mailed to the following address:

The Pittsburgh Board of Public Education
Employee Benefits Office, Room 313
341 S. Bellefield Avenue
Pittsburgh, PA 15213

Please note that if you waived your health insurance coverage for the 2025 calendar year, and you want to continue to waive your health insurance coverage for 2026, you must complete the attached form and return it by October 31, 2025.

As a reminder, the payment for waiving your health insurance coverage for calendar year 2025 will be added to your paycheck by January 31, 2026.

The payment for waiving your health insurance coverage for the 2026 calendar year will be added to your paycheck in January 2027.

If you have any additional questions, please contact the Employee Benefit Office at 412-529-3692.

The Pittsburgh Public Schools does not discriminate on the basis of race, color, age, creed, religion, sex, gender (including gender identity or expression), sexual orientation, ancestry, national origin, marital status, pregnancy, or disability in its programs. activities or employment and provides equal access to designated youth groups. Inquiries may be directed to the Assistant Superintendent of Student Services at 341 S. Bellefield Avenue, Pittsburgh, PA 15213 or (412) 529-HELP (4357).

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Agreement Language

1. During the Board's annual health plan open enrollment period, any eligible employee may waive health insurance coverage in exchange for a $500 annual bonus.

    (a) In order to be eligible for the waiver and bonus, an employee must provide proof that the employee and the employee's eligible dependents are covered by another health insurance plan that is not sponsored by the Board Education. The employee may be required to provide authorization to the Board of Education of such coverage by an alternative source.

    (b) Any employee electing this option must complete a Benefits Waiver form provided by the Board before a specified date. Each waiver will be valid for a twelve-month (12) month period, except in the case of new hires and employees who experience a change of status (e.g., the spouse with the coverage loses the job providing coverage). Employees who experience a change of status which allows them to reenter a Board plan shall receive payment for the time that their waiver of a Board plan was in effect, prorated in accordance with the number of whole months that their waiver was in effect. Employees who must reenter a Board plan shall reenter the plan at the same cost sharing status as when they waived the plan. Payment of the bonus will be made upon completion of the year of waiver at the end of the month following the annual open enrollment period.

2. The parties agree that the intent of the health insurance waiver program is to provide a benefit to employees while generating savings to the Board relative to health care costs. If at any time it can be demonstrated that the health insurance waiver program is not resulting in savings to the Board, then the parties shall meet to insure its cost-effectiveness.

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2026 GROUP HEALTH INSURANCE WAIVER AGREEMENT

I hereby waive my enrollment in any of the Pittsburgh Board of Public Education's group health insurance plans for myself, my spouse, my children, and/or other eligible dependents.

Below is the verification that my eligible dependents and I are currently provided with health insurance coverage under another medical benefits program.

I authorize the release of any information regarding my eligibility for health insurance coverage from the other medical benefits program that may be requested by Pittsburgh Public Schools. I understand that this information will be used only in connection with verification of my eligibility for the waiver of benefits bonus.

Employee's Signature: _____

Employee's S.S. # _____

Date: _____

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THIS SECTION MUST BE COMPLETED BY THE EMPLOYER PROVIDING MEDICAL BENEFITS

Insured's Name:_____

Insurance Company (Provider):_____

Group Number:_____ Agreement Number:_____

Coverage Effective Date:_____

Name(s) of dependent(s) covered under the employee's medical plan:

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____

Authorized Signature:_____ Date:_____

Title:_____ Phone:_____

Employer's Name: _____