



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: Tatiana Coulthrust, Human Resources
RE: 2026-2027 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.

Please note, the Health Insurance Buyout form does not need to be notarized.

All employees/retirees applying for the buyout (voluntary or mandatory) for the 2026-2027 school year must submit the following documentation by April 30, 2026:

- The Declination of Health Insurance form.
- A copy of your present insurance card (front and back) 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, 2027.

Please submit the required documents by April 30th, 2026:

BENEFITS@HPCSD.org

or

fax to 845-229-4056

or

**Mail to HPCSD, Attn: Human Resource- Benefits
11 Boice Rd, Hyde Park, NY 12538-8033**



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

HYDE PARK CENTRAL SCHOOL DISTRICT DECLINATION OF HEALTH INSURANCE 2026-2027 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 a current copy of 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: _____