

Health Insurance Buyout Form

Watertown Education Association

Please complete and return the **Health Insurance Buyout** form to Maria Denner at the District Office **no later than June 30th** if you did NOT use the District's Health Insurance during the current school year.

WEA Member: _____ Date: _____

Current School Year: _____

Health Insurance Buyout:

“A health insurance buyout for members not taking District offered health insurance will be paid at 12% of the actual cost of a single member policy. This payment will be made to any bargaining unit member by August 1st of the year the bargaining unit member did not use District offered health insurance.”

I elected not to use the District offered health insurance for the _____ school year and am claiming the health insurance buyout. I also certify that I am not on my spouse's plan with the District.

Signature of WEA Member

Date