HEALTH INSURANCE OPT OUT
DISCLOSURE NOTICE
2018-2019

I, the undersigned, have elected to opt-out of dependent insurance coverage as described in Article X, Paragraph D (outlined below), in the negotiated agreement between the Haddon Heights Board of Education and the Haddon Heights Education Association.

In so doing, I understand that any monies received are non-pensionable, taxable and subject to withholding taxes. Payment to the employee will be in two (2) payments. One payment will be on December 31 and the second payment will be on June 30. I also understand all the risks involved in dropping such insurance coverage. In addition, I agree not to hold the Board of Education liable or responsible for any costs incurred by me or my family as a result of my decision to drop such coverage.

I also understand that should I terminate employment or re-enter the plan before twelve (12) months have elapsed, I agree to reimburse the Board for the payment received on a pro-rata basis.

_____	_____	_____
Signature	School Year	Date

_____ I wish to retain "single" coverage for myself.
_____ I do **not** wish to retain coverage for myself.

Please list the names and birthdates of all eligible dependent family members who will be opting out.

Spouse/Civil Union Partner	Birthdate
Child	Birthdate
Child	Birthdate
Child	Birthdate

An employee who is eligible for dependent coverage may elect not to obtain dependent health insurance coverage through the Board of Education. The employee shall notify the Superintendent of his/her election to opt-out of coverage by June 30 of each year. An employee's election shall be effective July 1. At the time of election, the employee shall sign a disclosure notice evidencing that any monies received are non-pensionable; taxable; subject to withholding taxes; understanding the risk of non-coverage; and such other notices and/or disclaimers as deemed required by the Board of Education. If an employee elects to opt-out of coverage, the employee may obtain coverage at a later date, when eligible, as defined by the health insurance plan and regulations then in effect. If an employee elects to opt-out of coverage, the following allowances will be granted:

- an employee opting out of family coverage and retaining **no** coverage will receive $4,000.00
- If retaining single coverage, the employee will receive $2,000.00
- an employee opting out of husband/wife coverage and retaining **no** coverage will receive $3,000.00.
- If retaining single coverage, the employee will receive $1,500.00
- an employee opting out of parent/child coverage and retaining **no** coverage will receive $2,000.00.
- If retaining single coverage, the employee will receive $1,000.00

If an employee re-enters the plan before twelve (12) months have elapsed from the selection to opt-out, the employee shall reimburse the Board for the payment received on a pro-rata basis. This reimbursement will be by payroll deduction. Payment to the employee will be in two (2) payments, with one payment on December 31 and the second payment on June 30.