

Scotia-Glenville Central School District  
Scotia, NY 12302

HEALTH INSURANCE DECLINATION

2019-2020 School Year

**This form must be completed every year during open enrollment to opt out of the district's health insurance plans.**

**Proof of other health insurance must be provided.**

I decline participation in the Medical Insurance plans offered by Scotia-Glenville Central School District. Other coverage is provided for me under a (check one) \_\_\_\_\_ family plan or \_\_\_\_\_ individual plan through (check one) \_\_\_\_\_ spousal coverage, \_\_\_\_\_ governmental coverage \_\_\_\_\_ parental coverage, or \_\_\_\_\_ other (please specify) \_\_\_\_\_.

In lieu of the health insurance benefits, the District will pay eligible employees a \$1200 or \$600 stipend in accordance with the applicable contract. (Part-time employees covered under the Local 766 contract will receive a pro-rata portion of the stipend based on their FTE.) The stipend will be paid with the final paycheck in June of the school year constituting **one full year of non-participation**.

\_\_\_ I have enclosed proof of my health insurance coverage for family plan;

\_\_\_ I have enclosed proof of my health insurance coverage for individual coverage;

\_\_\_ My spouse \_\_\_\_\_ (name) is an employee of Scotia-Glenville and I am covered under a family plan.

(Note: Stipend amount will be paid based on the proof of insurance provided. If proof of individual coverage is provided, stipend will be \$600 or prorated amount for Local 766.

If proof of family coverage is provided, stipend will be \$1200 or prorated amount for Local 766 employees.) **Please ensure the correct proof of coverage is provided to ensure you receive correct stipend you have selected.**

\*\*\*\*\*If no proof of health coverage is provided, a stipend cannot be paid/will be withheld.

\_\_\_\_\_  
Employee Name (please print)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

\_\_\_ Administrator  
\_\_\_ Teacher  
\_\_\_ Teaching Assistant  
\_\_\_ Local 766  
\_\_\_ Clerical  
\_\_\_ Aide / Monitor  
\_\_\_ Mgt/Confidential

Stipend Amount \_\_\_\_\_