BRUSHTON-MOIRA CENTRAL SCHOOL DISTRICT
BRUSHTON, NEW YORK

HEALTH INSURANCE
OPT-OUT PROVISION FORM

Please read, sign, date and return this form to the Business Office no later than June 21, 2011 if you wish to Opt-Out of the Health Insurance program for the 2011-2012 School Year.
This form will cover the period of July 1, 2011 through June 30, 2012 only.

1. It is my decision NOT to be covered under the Health Insurance Program offered by Brushton-Moira Central School District through the F-E-H Health Benefits Consortium. Instead, I will be eligible for the Opt-Out payment in accordance with the terms set forth in the collective bargaining agreement. The Opt-Out payment is $1,800 annually and will be paid in two installments of $900 each. The first installment will be paid in the first paycheck in December and the second installment will be paid in the first paycheck in June. I understand that the Opt-Out payment is considered ordinary income and subject to tax.

2. I am attaching a copy of my spouse/significant other's health insurance agreement or card as proof that I have comparable or superior health insurance coverage in effect.

3. I understand that this agreement/form will stay in effect for the current program year only and will no longer be in effect if I become ineligible for the Opt-Out payment for any reason, including, but not limited to:
   - My employment status changes to part-time or terminates.
   - I enroll in the health insurance coverage offered by Brushton-Moira CSD due to circumstances that arise that qualify me to re-enter subject to the rules and regulations of the district's providers' conditions.

4. I understand that in the event that I re-enter the plan offered by Brushton-Moira CSD, that opt-out reimbursement will be pro-rated.

________________ ________________________
Date Employee Signature

________________ ________________________
Date Spouse Signature

Business Office Use Only
Form Received: _____/______/______
Monthly Opt Incentive Amnt: _________
Effective: ____/_____/______
Paid Installment: #1: ____/____/_____ #2: _____/_____/_____