

Health Insurance Enrollment/Declination

Employee Information

Enrollment/Declination

The Affordable Care Act (ACA) requires the school district to offer to enroll to all employees who are regular Full-time employees who work 30 or more hours per week and variable hours' employees who meet the standard measurement period qualification of working 30 or more hours per week or 130 hours per month participation in the District's group health plans for individual and dependent coverage. The District also recognizes the right of individuals to decline coverage as described below.

Please use this form to indicate whether you choose to opt-in, opt-out of coverage, or elect to use a health insurance buy out offered by your bargaining unit's Agreement or pursuant to Board Policy.

Personal Information

Full Name: _____
Last *First* *M.I.*

Address: _____
Street Address *Apartment/Unit #*

_____ *City* *State* *ZIP Code*

Home Phone: _____ Alternate Phone: _____

Email _____

Employee ID No.: _____

Birth Date: _____ Dependent Status: _____ Individual or Family plan (circle one)

Coverage

The Plan Into Which You Are/Will Be Enrolled Is: _____
(List plan)

Opt In For Coverage: _____ I have elected to enroll in a District insurance plan

Opt Out For Coverage: _____ I have elected not to enroll in a District insurance plan or ins.buy-out

Health Insurance Buyout From Bargaining Unit: _____ I have elected to buy-out of the District insurance plan(see below)

Health Insurance Buyout, Policy: _____

Return to the Business Office by: _____ March 1, 2016