BROOME•TIOGA boces
Enriching Lives Through Education

435 Glenwood Road, Binghamton, NY 13905-1699
(607) 766-3828 fax 607-763-3483

Health Insurance Waiver Form
For the 2016 Plan Year.

I understand that I am eligible for health insurance through Broome-Tioga BOCES through my collective bargaining agreement, or if I am not a bargaining unit member, the District's policy on Health insurance for non-unit members.

I am declining health insurance for the following reason (please place initials on line next to appropriate reason):

_____Health insurance coverage through Spouse

_____Health insurance coverage through another employer

_____Health insurance coverage through a Medicare Supplement

_____COBRA coverage.

_____Other. Please list reason _____

By declining coverage offered by the District. I understand my dependents and I may not be eligible to enroll for benefits until the District's next annual open enrollment period. I and/or my dependents may become eligible to enroll if there is a qualifying event, and I request enrollment within 30 days of the eligible qualifying event. I further understand that by declining coverage offered to me by the District, I may not be eligible for any subsidies if I choose to purchase health insurance on the state operated health insurance exchange.

_____ _____
Employee Signature Date

Affirmation of Alternate Coverage for receipt of cash payment in lieu of insurance.
Where the District offers any payment in lieu of health insurance coverage, the employee must have alternate health insurance coverage in order to be eligible.

I affirm that I have alternate health insurance coverage as I indicated by my initials above.

_____ _____
Employee Signature Date