

Putnam Valley School District Health Insurance Enrollment/Declination

Employee Information

We are required to collect this information in order to respond to any IRS inquiries

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. This document is evidence of the District's Offer of Health Insurance to you and your dependents, if any. The offer is on-going from year to year for those who qualify as stated above.

Please use this form to indicate whether you choose to opt-in for individual and dependent coverage, if applicable, or for individual coverage only (if there are no dependents) or opt-out of coverage, or elect to use a health insurance buy out offered by your bargaining unit's Agreement.

Personal Information of the Insured

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: _____
Leave blank if you don't know your ID No.

List Dependents (Spouse and dependents under the age of 26, if any.)

Name: _____	Birth Date: _____
Name: _____	Birth Date: _____
Name: _____	Birth Date: _____
Name: _____	Birth Date: _____
Name: _____	Birth Date: _____
Name: _____	Birth Date: _____
Name: _____	Birth Date: _____

If there are more than seven dependents, please attach list.

Please complete the section(s) below as applicable. Sign and date below.

Health Plan

The Plan Into Which
You Are/Will Be
Enrolled Is:

(Print name of health coverage plan. Aetna, Empire, GHI, BCBS, etc.)

Coverage

Please check here if you, or your family, take health insurance *inside* the district. (Your family cannot be insured through the district if the employee is not.)

Options:

If you are taking individual coverage within the district, check individual here.

If your family is also taking coverage within the district, check family here, also.

Opt In For Coverage: Individual Family
(Individual or family)

NOTE: If you are taking individual coverage within the district, check individual 'Opt In For Coverage' above, but your family is not taking coverage within the district, check family 'Opt Out From Coverage' below.

Please check here if you, or your family, take health insurance *outside* the district.

Options:

If neither of you take coverage within the district, check both boxes here.

If you are an individual not taking insurance, check individual here.

Opt Out From Coverage: Individual Family
(individual or family)

Bargaining Unit

Please check off your bargaining unit whether you, or your family, take insurance within the district or not.

Health Insurance Buyout from Bargaining Unit: PVFT CSEA PVAA Contract

Signature

Date: _____