

**EDEN CENTRAL SCHOOL DISTRICT**

**FACULTY**

**WAIVER OF HEALTH INSURANCE FORM**

Paragraph 5.1.10 of the 2009-2011 Collective Negotiations Agreement between the Eden Central School District and the Eden Teachers' Association provides:

5.1.10. Insurance Buyout: Any teacher or teaching assistant who annually elects not later than June 30, to opt out of the above referenced health insurance programs will receive, under the terms of the District's 105(h) Plan, \$500 per year, \$1000 if 35-40 teachers or teaching assistants participate, or \$1,500 if 41 or more teachers or teaching assistants participate, provided that the teacher or teaching assistant executes a waiver of health insurance form provided by the District, following which, the District will remove the teacher or teaching assistant from its health insurance enrollment as soon as feasible, and that the teacher or teaching assistant remains out of the District's health insurance program for the entire Plan Year (July 1st through June 30th). The deposit will be made into the employee's 105(h) Plan on July 1 of the following year. Should circumstances of an individual teacher or teaching assistant who elects not to participate change during a given plan year per IRS 105(h) regulations (marriage, death, childbirth, divorce), the teacher or teaching assistant may rejoin the health insurance program, in which event he or she will not be eligible for payment under this paragraph for that plan year.

Any newly hired teacher or teaching assistant may opt for the Insurance buyout no later than ten (10) days from the date of hire. If the newly hired teacher or teaching assistant selects the buyout option, the buyout payment shall be prorated from the date of hire for the first school year only.

Pursuant to the above quoted paragraph 5.1.10, I hereby waive my right to participate during the \_\_\_\_\_ school year in the District's health insurance program provided under the provisions of Section 5.1 of its 2009-2011 Collective Negotiations Agreement with the Eden Teachers Association.

\_\_\_\_\_  
Employee (Print Name)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date