

DUTCHESS
COMMUNITY COLLEGE

OFFICE OF HUMAN RESOURCES

Inter-Office Memorandum

DATE: September 2017
TO: Full Time Faculty and Administrators
FROM: Office of Human Resources
RE: **Health Insurance Buy-out Election Form**

In accordance with Section 5.15(d) of the 2016 – 2020 DUE contract, employees may voluntarily elect to opt-out of the health insurance program and receive the College's health insurance buyout option. Employees so electing will receive the \$3000 payment in bi-weekly installments of \$115.39 which will be included in every paycheck. These payments are subject to applicable payroll taxes.

Employees must provide evidence of other health coverage in order to participate. Furthermore, employees have the option to alternatively participate in the College's health plan at a later date and can make the change during the open enrollment period or within 60 days of a qualifying event.

If you have any questions, please contact Dolores Hoover.

EC/drh

DUTCHESS COMMUNITY COLLEGE

Health Insurance
Statement of Non-Participation

I hereby voluntarily elect not to participate in the College's health insurance program. In doing so, I certify that I am covered under another health insurance plan. Furthermore, I understand that I can enter the College program at a later date, subject to an IRS qualifying event or during the College's open enrollment period and that I must make formal application to enter the College plan.

Name (please print)

Banner ID# (i.e. A00000000)

Signature

Date
