Shamong Township Board of Education

Benefits Waiver "Opt-Out" Election Form

Medical and/or Prescription Insurance

July 1, 2024 – June 30, 2025

The Shamong Township Board of Education is offering medical and/or prescription benefits "Opt-Out" compensation to eligible employees who choose to waive the Board's medical and/or prescription insurance coverage. Under this provision an employee may elect to waive their medical and/or prescription benefit coverage and receive cash payments. Employees who elect to waive their health insurance coverage shall be compensated an amount reflecting 25% of the amount saved by the Board of Education *not to exceed $5,000*. Employees who elect to waive their prescription insurance coverage shall be compensated an amount reflecting 30% of the amount saved by the Board of Education. The "Opt-Out" compensation will be paid in two installments. One half of the dollar amount in each payout amount. This offering has several important implications that should be considered:

1. The payment will be treated as taxable income.
2. You must be able to show proof of other coverage to receive an opt-out payment.
3. The waiver of benefits must be for a *contract year* UNLESS your alternate health insurance is discontinued for some reason (i.e. loss of job, loss of benefits, divorce, etc.).

It is the employee's responsibility to notify the Benefits Department if your other coverage is lost for any reason and to complete an enrollment application as soon as possible.

Employee Name: _____

(Please print.)

☐ **I elect to opt out of my Medical coverage.** ☐ **I elect to opt out of my Prescription coverage.**

Level of coverage waived– check one:

☐ **Single** ☐ **Parent/Child** ☐ **Member/Spouse** ☐ **Family**

I certify that my dependents and I have medical/prescription coverage under:

Name: _____ Relationship: _____ Health Plan: _____

I have read, understood, and agree to the provisions outlined above.

Employee Signature: _____ Date: _____

Proof of coverage must be attached (e.g. Photocopy of Health Benefits ID card).