

LONGWOOD CENTRAL SCHOOL DISTRICT
HUMAN RESOURCE BULLETIN
October 17, 2019

IMPORTANT NOTICE

2020 OPEN ENROLLMENT
and
2020 Waiver of Health Insurance (Buy-Back)

OPEN ENROLLMENT

The information contained in the attached packet is being forwarded as part of the District's Open Enrollment period for **eligible employees** to consider their participation in the Health Insurance Program offered in conjunction with their respective collective bargaining agreements.

The Open Enrollment Period for Health Insurance enrollment/re-enrollment for 2020 (October 17 – December 6, 2019), should any eligible employee wish to sign up for such coverage please contact Patricia Costello , Admin. Asst. for Employee Benefits, Office of Human Resources at 631-345-2195.

Deadline for submission is no later than 3:30 p.m., Friday December 6, 2019.

WAIVER OF HEALTH INSURANCE (BUY-BACK)

Please note that this is an annual election for the waiver of insurance so that even if you received the buy-back in 2019 YOU MUST re-apply by the December 6, 2019 , 3:30 p.m. for 2020 Waiver of Health Insurance (Buy-Back) in order to be eligible for payment in January 2021.

A list of employees (by employee number) will be posted on the District's website on December 13, 2019 for those who have completed the application process successfully for the Waiver of Health Insurance/Buy-Back Payment The list will be found under the link for Departments – Human Resources – HR Bulletins – Health Insurance – 2020 Buy-Back List.

LONGWOOD CENTRAL SCHOOL DISTRICT HUMAN RESOURCE BULLETIN

October 17, 2019

WAIVER OF HEALTH INSURANCE (BUY-BACK) ALL ELIGIBLE EMPLOYEES

Pursuant to the terms of the contract now in effect with bargaining units and the Longwood Central School District, eligible employees will be offered an opportunity to decline health insurance for a period of one (1) year commencing January 1, 2020. In return, the district will pay to each member the sum of money consistent with their current contract. **Each eligible employee who provides the school district with proof of other coverage and a declination of health insurance form shall receive payment for waiving such coverage.** The payment for declination shall be made in January 2021, in accordance with their respective bargaining agreement.

Declination forms must be submitted to the district no later than 3:30 P.M. on December 6, 2019 for the year beginning January 1, 2020. If you declined your health insurance for 2019 and wish to do so again for 2020, **you must submit a new declination form.**

Attached to this bulletin is a “**RECEIPT**” acknowledging that all forms/requested documentation have been received by the Human Resources Office and confirming participation in the 2020 Waiver of Health Insurance (Buy-Back). Please complete the “receipt” form and submit with your BUY BACK request. Human Resources will stamp in your paperwork, provided all documentation is attached (including proof of medical coverage) and return the receipt to you via inter-office mail confirming your enrollment in the 2020 Waiver of Health Insurance (Buy Back). It must be stamped in by Human Resources, to be proof of receipt. **Forms are due back to Human Resources by 3:30 p.m., December 6, 2019,** to be eligible for the buy-back. A list of Employee ID Numbers who have submitted a timely request will be posted on the district website. **There will be no exceptions to the deadline of December 6, 2019.**

Employees who decline health insurance coverage under this section will not have the opportunity to re-enroll for the balance of the year except in cases of emergency such as: death of the spouse, divorce, or loss of health insurance coverage through the spouse. In emergency conditions, if the employee requests the coverage, he/she will receive no payments for that year. **If you are planning on retiring or resigning in the next calendar year, please contact your union representative or the Benefits Office for additional information on medical benefits in retirement. Employees who wish to make a change in coverage for 2020 or who wish to re-enroll in the health program for 2020 need to submit a completed health insurance transaction form no later than December 6, 2019. Please call 631-345-2195 to request a form.**

The request forms to sell back health insurance & identify dependents are attached to this bulletin. Please send the completed forms to the Human Resources Office.

Employees requesting a buy-back must submit a copy of their current health coverage card & indicate on the buy-back form:

1. Individual who holds insurance
2. Current health insurance plan name
3. Employer of individual who holds insurance

Updated Health Insurance Waiver (Buy-Back) Bulletin and Forms will be on the District Website under Human Resources (Human Resource Bulletins): <http://www.longwood.k12.ny.us>

LONGWOOD CENTRAL SCHOOL DISTRICT
HEALTH INSURANCE DECLINATION FORM 2020

TO: Benefits Office, Human Resources
I elect cash payment in lieu of Health Insurance: (Check one option)

- _____ (a) Family *
_____ (b) Single
_____ (c) Family to Single Plan *

Current Health Coverage: _____
Individual who holds Insurance: _____
Individual's Employer: _____

*Must have eligible dependents – spouse/children to age 26

If you checked Family or Family to Single Plan, you must complete and return Dependent Form along with this form (see next page). Attach a copy of current health insurance card.

This agreement is subject to the terms of the employer's Flexible Benefit Plan, as amended from time to time, and shall be governed by and construed to be in accordance with said Plan and applicable laws and shall take effect as a sealed instrument under applicable laws and revokes any prior election relating to such Plan.

By signing below, I agree to the terms of this Agreement and those of Internal Revenue Code Section 125. I will indemnify and hold my employer harmless against any and all claims and/or liabilities, including fees that arise out of, or by reason of, action taken or not taken by my employer for the purpose of complying with this section.

I declare and affirm that the statements made in this application, including accompanying documents, are true, complete, and correct. I am also aware that the District may request additional documentation to be provided and I must do so upon such request and adhere to the specified timeframe in order to qualify for the health insurance buyback. Failure to comply will result in forfeiture of the buyback.

Employee's Signature Date

Print Name Building Employee #

Please check which bargaining unit you belong to and if there are any changes from 2019:

_____ CSEA _____ MITA _____ MIAA _____ Individual Contract

_____ **PLEASE CHECK HERE IF THIS IS A CHANGE FROM 2019**

LONGWOOD CENTRAL SCHOOL DISTRICT

DEPENDENT VERIFICATION FORM

2020

Please list below your dependents (spouse & children), relationship, and date of birth (date of birth for children only.) Children must be under the age of 26. **Complete this form only if you are declining family benefits or opting for family to single buy-back.**

Dependent's Name

Relationship

Date of Birth

I declare and affirm that the statements made in this application, including accompanying documents, are true, complete, and correct. I am also aware that the District may request additional documentation to be provided and I must do so upon such request and adhere to the specified timeframe in order to qualify for the health insurance buyback. Failure to comply will result in forfeiture of the buyback.

Employee's Signature

Date

Print Name

Building

PLEASE RETURN COMPLETED FORMS VIA REGULAR MAIL TO:

Attn: Waiver of Insurance/Buy-Back
Longwood Central School District
Office of Human Resources
35 Yaphank Middle Island Road
Middle Island, NY 11953

INTER-OFFICE OR VIA HAND DELIVERY: Human Resources Dept., 21 Everett Dr., Yaphank, located in the Technology Building.

PLEASE NOTE: If using interoffice or regular mail, you must allow time for delivery by the December 6, 2019, 3:30 p.m. deadline.

LONGWOOD CENTRAL SCHOOL DISTRICT

DATE RECEIVED BY DEPT OF HR _____

Employee 'Return Receipt' for Health Insurance Declination Form Submittal 2020

You are receiving this "Return Receipt" as proof that you submitted the 2020 Health Insurance Declination Form ('buy-back') and it was received by the Benefits Office by the deadline. This is the only document that you will receive that confirms that your Health Insurance Declination Form was received. (Note: the employee #'s of all employees will be included on a complete listing of received declination forms available on our website on or about 12/13/19. Please review this year's cover memo for additional details.)

If you do not receive this form from Human Resources with a date and time stamp, then your Health Insurance Declination Form **was not** received by the Benefits Office.

You must complete the information below and return with your completed buyback forms and copy of your current medical card.

PRINT NAME _____

EMPLOYEE # _____

BUILDING _____