Department of **Human Resources**
Monroe County, New York

Maggie Brooks
County Executive

Brayton McK. Connard, SPHR
Director

Health Insurance "Buy-Out" Form

EMPLOYEE INFORMATION (Please Print)			
Employee Name:		SAP ID:	
Address:	City:	State:	Zip code:
Email Address:	Home Telephone:	Work Telephone:	
Eligible Group: ☐ Command Staff ☐ DSA ☐ IAFF ☐ MCLEA ☐ M&Ps ☐ PBA ☐ Sheriff's Executive Staff			

To be eligible for the Health Insurance "Buy-Out" program, an employee must fall into one of the following categories:

- PBA or Command Unit Member, Sheriff's Executive Staff, or M&P- hired before 1/1/06
- DSA member hired before 9/1/06
- MCLEA or IAFF member hired before 1/1/07

An employee is eligible for the Health Insurance "Buy-Out" program on an annual basis with the submission of a completed application and satisfactory evidence that he/she is covered under a non-County insurance plan each year by the due date listed on the bottom of this form.

Any employee participating in the "Health Insurance Buy-Out" program who wishes to obtain coverage under a County plan may do so during any open enrollment period or as the result of a qualifying event.

If the employee commences participation in County sponsored Health Insurance during the calendar year the Health Insurance "Buy-Out" program stipend was issued, the employee is required to refund Monroe County a pro-rated amount via payroll deduction and/or direct payment to the County.

If the employee separates from employment for reasons other than retirement during the calendar year the Health Insurance "Buy-Out" program stipend was issued, the employee is required to refund Monroe County a pro-rated amount via payroll deduction and/or direct payment to the County.

Employees are not eligible for the Health Insurance "Buy-Out" program if the non-County health insurance plan is from a source (such as the NYS Exchange) which would subject the County to a penalty, fine or other disadvantage under the Affordable Care Act or any other healthcare law, rule or regulation.

☐ **I elect the Health Insurance "Buy-Out" program stipend and decline coverage provided by the County. Please attach a verification letter of current coverage from the other health insurance carrier or from the employer providing coverage.**

By signing of this document, I attest that the information provided is truthful and accurate and understand that any false information and/or misrepresentation may result in me no longer being eligible for the Health Insurance Buy-Out stipend and/or Health Insurance through Monroe County.

Employee Signature: _____ **Date:** _____

PLEASE RETURN THIS FORM TO HUMAN RESOURCES NO LATER THAN 12/6/2013

Human Resources, Room 210, County Office Building
39 West Main Street
Rochester, NY 14614
e-mail: hrbenefits@monroecounty.gov

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