

Monroe County
Department of Human Resources

Health Insurance Buy-out Form

EMPLOYEE INFORMATION (Please Print)			
Employee Name:		Employee Social Security Number:	
Address:		City:	State: Zip code:
Email Address:		Home Telephone:	Work Telephone:
Eligible Group: <input type="checkbox"/> Command Staff <input type="checkbox"/> DSA <input type="checkbox"/> IAFF <input type="checkbox"/> MCLEA <input type="checkbox"/> M&Ps <input type="checkbox"/> PBA <input type="checkbox"/> Sheriff's Executive Staff			

Important:

- To be eligible, employee must fall into one of the following categories:
 - PBA members, Command Unit, Sheriff's Executive Staff or M&P hired before 1/1/06
 - DSA members hired before 9/1/06
 - MCLEA members hired before 1/1/07
 - IAFF members hired before 1/1/07
- Employee is eligible only with satisfactory evidence that he/she is covered under a non-County insurance plan.
- Stipend will be issued for each calendar year and if he/she commences participation during the calendar year the stipend will be prorated on a monthly basis
- Any participant in the "Stipend" program who wishes to obtain or resume coverage under a County plan may do so during any open enrollment period or as the result of a qualifying event.
- Any employee who returns to County coverage during the calendar year, after having received the annual stipend, shall be required to refund that portion which will be covered under the County plan.

I elect the **health insurance buy-out stipend** and **decline** coverage provided by the County. (**Attach Proof of Coverage or Verification Letter that states you are currently covered under a non-County health insurance plan**)

By signing of this document the employee attests that the information provided by them is truthful and accurate.

Employee Signature: _____ **Date:** _____

PLEASE RETURN THIS FORM TO THE HUMAN RESOURCES DEPARTMENT