



Department of Human Resources
 Monroe County, New York

Cheryl Dinolfo
 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:			
<input type="checkbox"/> Command/Executive 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"/> FSW	<input type="checkbox"/> CSEA

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
- CSEA member hired before 10/1/12, contingent on minimum participation levels (see CBA for details)
- FSW member hired before 1/1/16, contingent on minimum participation levels (see CBA for details)

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 close of open enrollment.

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:** _____

RETURN FORM TO HR BY CLOSE OF OPEN ENROLLMENT

Human Resources, Room 210, County Office Building
 39 West Main Street
 Rochester, NY 14614

e-mail: hrbenefits@monroecounty.gov