Department of Human Resources





Adam J. Bello County Executive Andrea M. Guzzetta Zury Director

Health Insurance "Buy-Out" Form

EMPLOYEE INFORMATION (Please P	rint)			
Employee Name:			SAP ID:	
Address:	City:		State	e: Zip code:
Email Address:		Home Tele	ohone:	Work Telephone:
Eligible Group:				
 Command/Executive Staff M&Ps 	□ DSA □ PBA	□ IAF □ FSV		

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
- IUOE regardless of hire date
- 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: _____

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