



Pleasant Avenue Elementary • Warren Street Elementary • Johnstown Junior-Senior High • The Knox Building

William T. Crankshaw, Ed.D.
Superintendent of Schools
Alicia D. Koster
Assistant Superintendent
Nicole Panton
Director of Curriculum & Instruction

Administration Center
The Knox Building
400 South Perry Street
Johnstown, NY 12095
Telephone: 518-762-4611
Fax.: 518-762-6379; 518-762-3127

INSURANCE BUYOUT REQUEST

Date: \_\_\_\_\_ Name & Position: \_\_\_\_\_

For the \_\_\_\_\_ School year, I will not be taking GJSD's health insurance. Pursuant to my collective bargaining agreement with the District, please accept this completed form as written notice that I elect to receive a cash benefit in lieu of enrollment in district-sponsored health insurance for the Health Insurance Buyout.

Proof of alternate insurance coverage is required to be submitted no later than July 31st of the year prior to the year in which the Health Insurance Buyout is to be paid. You may choose to submit a copy of your insurance card as proof along with this completed form.

My policy coverage is indicated below with buyout amount:

- Individual (\$2,000) Two Person (\$2,000) Family (\$3,000)

Example of How The Buyout Works:

Submit the Completed Form by March 15, 2023, along with Proof of Insurance Coverage by July 31, 2023, Payment of Health Insurance Buyout in June 2024 (1st or 2nd payroll in June).

Signature of Employee: \_\_\_\_\_

Please circle Contract Group:

COA(Article 12(3)(a)) JTA (Article VI(P)(b)) JAA(Article IX(8)) CSEA(Article 9(B)(5)) Individual

PLEASE RETURN TO DISTRICT OFFICE, HUMAN RESOURCES

(Office Use Only)

Date Received by Human Resources: \_\_\_\_\_ Proof of Alternate Insurance Coverage Submitted