A Passion for Excellence
NEENAH
Joint School District
410 South Commercial Street •Neenah, WI 54956•Tel: (920)751-6800x10111•(920)751-5066

Health / Dental Insurance Buy Out

Under the terms of the Buy Out program, eligible District employees who have comparable, non-NJSD, coverage may waive or cancel their NJSD group health and/or dental policies. Below are the maximum annual buy out rates.

Rates based on 1.0 FTE	Health & Dental Buy Out	Health Only Buy Out	Dental Only Buy Out
Single	$1,000	$950	$50
Family	$2,000	$1,900	$100

This Buy Out will be payable through payroll over your elected number of pay periods. The Buy Out amount you receive is prorated based on your total FTE. If you wish to participate in the Buy Out at a date later in the calendar year, your Buy Out benefits will be prorated to reflect the months you will not have coverage from the District.

This voluntary program will be offered on an annual basis at the District's discretion. There can be no assurance that this plan, or any of the terms contained within, will continue in subsequent years. Should the plan not be available in subsequent years, the employee will be able to re-enroll in the District's existing group health and dental insurance plan.

To qualify for this plan, an active employee must meet ALL the following requirements:

1. You are currently subscribed or are eligible to subscribe to a NJSD Health and Dental Plan; and
2. You have other comparable non-NJSD group insurance coverage available to you.
3. You are not a dependent on a current NJSD employee's health and/or dental plan.

You may not cancel your election to participate in this plan until and annual enrollment period, or unless one of the following occurs:

a. An involuntary loss of your other group coverage through no fault of your own; or
b. A significant life change occurs while you are enrolled in the non-NJSD health insurance coverage such as marriage, divorce, birth or adoptions of a child, or end of spouse's employment causing you to lose your group health insurance coverage.

If you elect to participate in this plan and one of the above events occurs you will be able to re-enroll and resume your health and dental insurance coverage through the Neenah Joint School District.

To participate in this plan you must complete the form on the other side of this page and return it to the Benefits Department at the Administration Building. Please keep a copy of this form for your records.

If you do not have access to other insurance until later in the plan year, you can participate when you are able to enroll but will receive a prorated amount of the Buy Out option.

NEENAH JOINT SCHOOL DISTRICT
Health & Dental Insurance Buy Out Election Form

YOU MUST HAVE READ PAGE ONE BEFORE COMPLETING THIS FORM

Social Security Number _____ Date of Birth _____

Insured Name First MI Last

Street Address

City State Zip Code

1. I hereby elect to participate in the Voluntary Health Insurance Buy Out in lieu of a Neenah Joint School District sponsored group health and dental insurance plan. I understand that the allowance (*up to* $2,000 for a family policy and $1,000 for a single policy) will be paid in equal payments over my elected number of pay periods. I understand that I must be a District employee to receive these payments. I understand that income taxes will be withheld from these payments.

2. I am currently waiving the Neenah Joint School District insurance plans.

   Type of coverage to waive: ☐ Single ☐ Family

   Type of coverage I am waiving: ☐ Health ☐ Dental ☐ Both

   My current health insurance provider is: _____

   My current dental insurance provider is: _____

3. I certify that I have other non-NJSD group health and/or dental insurance coverage available to me and will provide the District with documentation showing who the non-NJSD provider is and when my enrollment will begin. I understand that after this completed form is received by the district, my current coverage will be cancelled at the end of the month and a Certificate of Creditable Coverage will be issued to me, by my current provider.

4. I understand that I may cancel this election only:
   a. During my annual enrollment periods; or
   b. After an involuntary loss of my other group coverage through no fault of my own; or
   c. If a significant life change occurs while I am enrolled in the non-NJSD health insurance coverage such as marriage, divorce, birth or adoption of a child, or end of spouse's employment, causing me to lose my group health or dental insurance coverage.

Employee Signature Date