

HEALTH INSURANCE BUY-OUT

I _____ WOULD LIKE TO PARTICIPATE IN THE HEALTH INSURANCE BUY-OUT. I HAVE ATTACHED A COPY OF PROOF OF OTHER HEALTH INSURANCE.

I UNDERSTAND THIS BUY-OUT OPTION WILL REMAIN IN EFFECT, UNLESS REVOKED BY ME IN WRITING, AND THAT ENROLLMENT BACK INTO A HEALTH PLAN WITH NEW PALTZ CENTRAL SCHOOLS WILL CONSIST OF A THREE-MONTH WAITING PERIOD. (EX. COVERAGE REQUESTED APRIL 12, 2002, THEN THE EFFECTIVE DATE WOULD BE AUGUST 1, 2002).

SIGNATURE

DATE

DATE RECEIVED

RECEIVED BY

THIS SIGNED COPY IS ACKNOWLEDGEMENT OF YOUR BUY-OUT OPTION.