

WEST ISLIP SCHOOL DISTRICT
2016 HEALTH INSURANCE BUYOUT APPLICATION

EMPLOYEE _____

SOCIAL SECURITY # XXX-XX-_____

I decline the health insurance coverage that is available to me through
West Islip School District and apply for a health insurance buyout. I have
health insurance coverage through

my _____ - _____ .
(relationship) (name)

The insurance carrier is _____
(name of carrier)

Employee signature: _____

Date: _____

1. Eligibility for a health insurance buyout is defined in the terms of employment. The terms of employment are different for each employee unit.
2. Payment of the buyout is made in the month following the anniversary date of declination.

Attach a copy of your health insurance card and return completed
form to Vivian Becker, Business Office.