



425 Yoctangee Parkway, Chillicothe, OH 45601
Phone: 740-775-4250

HEALTH INSURANCE OPT-OUT INCENTIVE PLAN

Employee Name (Printed)

Date Completed

Employee Signature

For School Year: _____

In order to qualify for this compensation the employee **must**:

1. Make a request in writing to the Treasurer's Office and state that they have health insurance coverage elsewhere.
2. Be without Chillicothe City School sponsored Health Insurance (unless you and your spouse are employees of the district and have one (1) family policy) for 12 months beginning Sept 1st through Aug 31st.

If you are eligible for an Opt-out payment, please check the appropriate reason and return to the Payroll Office.

- I am married and eligible for family insurance coverage with the Chillicothe City Schools. I am opting out of medical coverage because I have coverage with my spouse through his/her insurance company.

Please list the Insurance Company's Name: _____

- I am eligible for family insurance coverage with the Chillicothe City Schools. I am currently taking single coverage insurance. To be eligible for family insurance coverage, you must be married and/or have dependents according to IRS guidelines.
- My spouse and I are employees of the Chillicothe City Schools. My spouse carries family medical coverage. I am eligible for the single opt-out payment.
- I am eligible for single insurance coverage with the Chillicothe City Schools. I have declined single coverage. I am eligible for the single opt-out payment.

Please list the Insurance Company's Name: _____

- Completed forms are due **IN** the Payroll Office by Aug 1st of each year, as per the negotiated agreements (both Certified and Classified) in order to request payment for the next school year. This form may be submitted any time from January 1st to August 1st for the next school year.
- It is the responsibility of the **EMPLOYEE** to be sure that the form is submitted by the August 1st annual deadline.
- Opt-out payment pertains **ONLY** to the **HEALTH INSURANCE**, you may still carry dental and vision coverage and be eligible for this incentive.
- Payment for the opt-out incentive will be included in the employees' regular paycheck on August 20th for administrative and classified employees and on August 31st for certified staff.