According to the 2021-2024 contract provisions of Article IX, Section 2 A, I hereby elect the following:

_______ **Buy Out Option Article IX, Section 2 A:**
I hereby elect to decline health insurance coverage and receive a financial consideration.

_______ $1,000 Individual Coverage
_______ $1,750 Family Coverage

I agree to supply to the Office of Human Resources a **certificate of coverage** from my spouse’s (opposite-sex or same-sex) coverage. Without this document, the District will not be able to provide the financial incentive.

_______ **Buy Down Option Article IX, Section 2 B:**
I was previously enrolled in the District Health Insurance Plan and elect to decrease the amount of coverage and receive financial incentive.

_______ $1,200 Family Coverage and elect to decrease coverage to Individual.

I understand the financial annual incentive shall be made through payroll on a per-pay basis as long as I choose to participate. In addition, I acknowledge that time spent on an unpaid leave of absence shall reduce (pro-rate) the incentive.

Signed this ____________ day of ____________, ______.

________________________
Employee Signature

________________________
Print Name

*Employee must also complete the Employee’s Benefit Verification Form indicating a declination of coverage.*