ALPINE UNION SCHOOL DISTRICT

Insurance Buy-Out Option (2024)

Certification of Insurance Coverage

I,, understand that if I have medical benefits through another source, I can take the option of the \$1,000 cash payment (\$1 per month, September - June). I understand it is my responsibility to investig the current plan offered outside the District to make sure that I am covered un all circumstances.	
	nd that I will notify the Alpine Union School cancelled at any time during 2024 (see Notice
employees, have made no repres any choice made by me or other	reed that the District, its officers, agents and sentation regarding, and are not responsible for consequences of the group of employees, and changes until the next open enrollment in
 Signature	Date

** NOTICE OF SPECIAL ENROLLMENT RIGHTS **

If you are declining enrollment for yourself or your dependents (including your spouse) because of other health insurance coverage, you may in the future be able to enroll yourself or your dependents in this plan, provided that you request enrollment within 30 days after your other coverage ends.

All employees participating in the Insurance Buy-Out Option must return this completed form to the Benefits Department each year at Open Enrollment and attach evidence of other coverage.