


## Health Insurance Buy-Out Form

This form is to be used by employees who are eligible for BOCES sponsored health insurance coverage, but instead wish to exercise their right to Buy-Out payments, as articulated in their respective Collective Bargaining Agreement or Terms & Conditions of employment. This form should also be used by eligible employees who wish to switch from the Buy-Out option to a BOCES health insurance plan (only available during the open enrollment period or as the result of a qualifying event for existing employees). **Even employees that have received payments previously must complete this form annually to maintain their Buy-out.**

If requesting a Buy-Out, this form must be accompanied by documentation confirming alternate coverage for the individual (and spouse and/or dependents if applicable). This form is not to be used by employees currently covered by a BOCES health insurance plan that wish to maintain coverage.

Please send completed forms and **required information** (if applicable):

 Stacy Swanson, Benefits Supervisor, ([stacy.swanson@dcboces.org](mailto:stacy.swanson@dcboces.org))

### To be completed by Employee:

Name: \_\_\_\_\_ Department: \_\_\_\_\_

*(select one option and complete all related components)*

I currently have existing (check one)  Individual  Family (employee has spouse/dependents) health insurance coverage as provided by \_\_\_\_\_ (list health insurance provider) and wish to receive health insurance Buy-out payments for the period of July 1, 2026 through June 30, 2027. I understand that these payments will be made in lieu of Dutchess BOCES sponsored health insurance coverage, in accordance with my Collective Bargaining Agreement or Terms & Conditions of employment. I understand that to receive such payments, I must provide **proof of alternate coverage for me (and my dependents if applicable) and have enclosed copies of such proof with this form.**

I took the Health Insurance buy-out during the 2025-2026 school year, but wish to enroll in a BOCES sponsored Health plan effective July 1, 2026. I have completed and enclosed the enrollment application.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date