

**SUNY SCHENECTADY**  
COUNTY COMMUNITY COLLEGE

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***DUAL COVERAGE ELECTION OPTION***

**2024**

For declination of health and prescription coverage by a Schenectady County or College employee whose spouse is also a Schenectady County or College employee and would otherwise be entitled to such coverage except as where prohibited by contract language, Dual Enrollment of Spouses. **THIS IS AN ANNUAL ELECTION. You must complete this form each year that you are eligible, during open enrollment.**

As the spouse declining health and prescription coverage through Schenectady County/College under this provision, you are entitled to one of the two options as outlined below:

OPTION A - \*Each spouse shall receive a \$150 contribution to their flex spending account. **Additionally**, any spouse, who otherwise would be required to contribute for the cost of their health insurance, shall no longer be required to contribute;

**OR**

OPTION B - \*\*Each couple shall receive 50% of one bonus waiver (\$4,000 at 50% = \$2,000)

We, \_\_\_\_\_  
(Please print your name and your spouse's name clearly)

choose to receive the benefit as outlined under Option \_\_\_\_\_ above.  
(A or B)

\*If you are electing benefits under Option A, you must return this form and a completed flexible spending account enrollment form to the College's Office of Human Resources.

\*\*If you are electing benefits under Option B, you must return this form to the College's Office of Human Resources.

Failure to both make an election AND complete the additional application necessary, will preclude you from receiving any benefit.

In the case of a qualifying event that no longer entitles you to this benefit; it is your responsibility to notify the SUNY Schenectady Office of Human Resources at 381-1218.

\_\_\_\_\_  
Senior Employee's Signature and Date

\_\_\_\_\_  
Spouse's Signature and Date