

SUNY SCHEENCTADY
COUNTY COMMUNITY COLLEGE

Professional Health Insurance Waiver
2023-2024 Academic Year

SUNY Schenectady County Community College offers full-time professional staff the option to waive health insurance (excluding dental and vision), and to receive a cash payment in lieu of insurance coverage. Proof of alternate insurance coverage, both for the employee and for any eligible dependents (if applicable), must be presented in order to participate. Acceptable proof is a letter completed by an employer or insurance company verifying coverage including each covered family member. **THIS IS AN ANNUAL ELECTION. You must complete this form each year that you are eligible, during open enrollment.**

NAME _____

TITLE _____

DEPARTMENT _____

Member of:

- UFP _____
- CADA _____
- Administrative Staff (Unrepresented) _____

Indicate Current Health Insurance Coverage: Individual ___ Family ___

Indicate Health Insurance Waiver Amount: Individual (\$2000) ___ Family (\$4000) ___

Employee Certification

I certify that I am freely and voluntarily declining health insurance coverage that would ordinarily be offered to me, in lieu of a cash payment offered through the Health Insurance Waiver. I certify the above information is correct to the best of my knowledge. I have attached proof of alternate insurance coverage.

Further I understand:

- I will be expected to re-certify my eligibility to participate in this program every academic year.
- I must report all changes in my eligibility status immediately to the Human Resources Office.
- The College will seek recovery of any overpayment of health insurance waiver benefits.

Employee Signature Date

Human Resources Date

College President Date

Received by Payroll Office Date