

Office of Human Resources  
518.237.0100  
Fax: 518.237.2912  
tdessing@cohoes.org



**TO:** All Cohoes City School District employees & retirees  
**FROM:** Tara Dessingue, Human Resources  
**DATE:** April 5, 2016  
**RE:** 2016-17 Request to Terminate Medical Coverage

I elect to terminate my medical coverage for the 2016-17 school year (dental and vision coverage are not affected by this choice.)

This decision will entitle me to one of the following. Please check the appropriate line.

<u>Full Year (July through June)</u>	<u>Prorated (January through June)</u>
<input type="checkbox"/> Terminate Individual/Retiree Coverage \$1,200	<input type="checkbox"/> Terminate Individual/Retiree Medical Coverage \$600
<input type="checkbox"/> Terminate Two Person Medical Coverage \$2,000	<input type="checkbox"/> Terminate Two Person Medical Coverage \$1,000
<input type="checkbox"/> Terminate Family Medical Coverage \$2,500	<input type="checkbox"/> Terminate Family Medical Coverage \$1,250

***\*PLEASE ATTACH PROOF OF OTHER HEALTH INSURANCE COVERAGE***

This form must be received by the Human Resources Office by May 31, 2016 for the full year buyout or by November 25, 2016 for the ½ year prorated buyout. If eligible, you will receive the 1<sup>st</sup> half of your buyout payment in December 2016 and the 2<sup>nd</sup> half of your buyout in June 2017.

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Central Office Signature

\_\_\_\_\_  
Date