

Croton Harmon School District
10 Gerstein Street
Croton-on-Hudson, NY 10520

Important Information regarding Health Insurance Coverage: **Aides, monitors, all substitutes** for school year 2020-2021.

As an hourly employee of the Croton-Harmon School District, you have the option to participate in the School District's Health Insurance Plan (Aetna). If you enroll in the District's Health Insurance Plan you will be responsible for paying 100% of health insurance premium during your employment with the district. Monthly invoices will be mailed to you; please make check payable to Croton-Harmon School District. It is understood that coverage will be terminated if payment is not received by the Business Office on the first of each month.

Please check the appropriate line below, sign, and return to the District Office within ten (10) business days.

***Options:**

Individual coverage \$9,648 annually (\$804/month)

YES _____ No _____

Or

Emp/Ret+1 coverage \$23,172 annually (\$1,931/month)

YES _____ No _____

Or

Family coverage \$25,272 annually (\$2,106/month)

YES _____ No _____

Or

I choose to **opt out** of the District's Health Insurance Plan _____

If opting out, please indicate current coverage and **provide copy of insurance card**. Name of current insurance company with which you have coverage: _____

***Note: This form does NOT enroll you!** If you wish to enroll in our health insurance plan you must reach out to Joni Randazzo to enroll/complete forms (if you are currently enrolled no action required).

Signature: _____

Printed name: _____

Date: _____

Very truly yours,

Denise Harrington-Cohen Assistant Superintendent for Business

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|--|
| Administrative use only: Date rec'd by DO _____ Rec'd by _____ |
| Effective date of coverage _____ Date entered into ISSI _____ |
| Payment received _____ |