

Health Insurance Questionnaire

April 2021

Dear Croton-Harmon Bus Dispatchers (10-month/hourly),

Below is a mandatory request for notification regarding important health insurance coverage and information for the **2021-2022** school year.

As an hourly employee of the Croton-Harmon School District, you have the option to enroll in the School District's Health Insurance Plan (Aetna) and would be responsible for paying 35% of the health insurance premium during your employment with the district.

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

1. Currently enrolled in District's Health Insurance Plan:

2. I have my own insurance and choose not to enroll in the District's:

Name of current insurance company with which you have coverage: _____

Please attach copy of your insurance card.

3. I do not have health insurance coverage:

Please note, this form does NOT enroll you. If you wish to enroll in the District's health insurance plan you must reach out to Joni Randazzo - joan.randazzo@chufsd.org to complete documentation (if you are currently enrolled no action required).

***Available Plans:**

- Individual Coverage - Cost to Employee - \$3,427.20 annually/\$285.60 monthly.
- Employee + 1 Coverage - Cost to Employee - \$8,232 annually/\$686 monthly.
- Family Coverage - Cost to Employee - \$8,979.60 annually/\$748.30 monthly.

Monthly invoices will be mailed to staff. It is understood that coverage will be terminated if payment is not received by the Business Office on the first of each month.

Signature: _____

Printed Name: _____

Date: _____

Sincerely,

Denise Harrington-Cohen

Denise Harrington-Cohen
Assistant Superintendent for Business