

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

Important information regarding Health Insurance Coverage for **hourly 10 month bus drivers and hourly 10-month attendants** for school year 2019-2020.

As an hourly, regularly scheduled 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 50% of the health insurance premium (as per your contract) during your employment with the district.

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

**\*Options:**

Individual coverage \$9,372 annually (**\$781/month, 50% equals \$390.50/month**) YES \_\_\_\_\_ No \_\_\_\_\_  
Or  
Emp/Ret+1 coverage \$22,488 annually (**\$1,874/month, 50% equals \$937/month**) YES \_\_\_\_\_ No \_\_\_\_\_  
Or  
Family coverage \$24,528 annually (**\$2,044/month, 50% equals \$1,022/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

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