Southampton Voluntary Benefit Waiver

How Does the Voluntary Benefit Waiver Work?

Beginning July 1, 2010, each employee may, annually, voluntarily waive and surrender on behalf of themselves and their dependents (if any) their right to participate in the Board approved health/medical program if the employee provides proof that they and their dependents are enrolled in a health coverage plan elsewhere.

In return for such waiver, the employee will receive an annual allowance of 25% of the annual premium, but in no event in excess of the maximums listed below, of the portions of the plan in which they were enrolled at the time of the waiver. These payments will be made monthly.

Hospital/Surgical and Major Medical Coverage	25% – \$2,000 Max
Prescription Card	25% – \$1,000 Max
Dental Coverage	
Single	25% – \$100 Max
Member/Partner	25% – \$200 Max
Parent/Child	25% – \$200 Max
Family	25% – \$250 Max

If the alternate coverage is discontinued during the waiver year as a result of the occurrence of a life event, the employee and eligible dependents may re-enroll in the portion of the Board's plan which was waived. A life event is an event over which the employee had no unilateral control and which causes the loss of the alternative coverage.

This includes events such as the unemployment or death of the person through whom the alternative coverage was provided, or divorce from a spouse or civil union partner through whom the alternative coverage was provided. If the waiver is discontinued as herein provided, or in cases where a new employee begins employment during the benefit year and waives out of any of the coverage of the Board's plan, the allowance will be prorated based on the number of months waived. In the event an employee has been paid an amount greater than their prorated share, they shall reimburse the Board out of their next succeeding paycheck following when the overpayment was determined to have occurred.

To be eligible for the waiver, the employee must notify the Board by completing the Board approved waiver form no later than May 15th of the work year prior to the annual effective date of the waiver, which shall be July 1st, or immediately if a new employee. In the event that the ratification of agreement

makes the above May 15th deadline impossible for the employee to meet, the Board and the Association shall devise an appropriate schedule for the waiver process.

The Board reserves the right to terminate this program if at least (3) district employees do not waive Hospital/Surgical, Major Medical and Prescription coverage.