

OPTIONAL 2016 HEALTH INSURANCE OPT-OUT PROGRAM

The Village of Oak Park offers the optional 2016 health insurance opt-out program to provide a financial incentive for employees to elect not to cover themselves, their spouse, domestic partner or dependents through the Village's Health Insurance Program. This program is only available to Village of Oak Park employees currently allowed to enroll in the Village's Health Benefits plan.

To Whom Does This Apply?

Employees who have health insurance available through another employer, such as a spouse's employer, which covers the employee, the employee's spouse, domestic partner or dependents who are eligible to be covered under the Village's health insurance.

What is the program?

The Village offers a financial incentive, in the form of a cash payment, to employees who elect to receive health insurance for themselves or their family through their spouse or domestic partner's employer. This program only applies to the Village health insurance coverage. Dental, vision, life and other related benefit plans are not included in this incentive opt-out program. This incentive will be paid monthly in an employee's payroll check throughout the plan year.

These elections are made annually during open enrollment. Should an employee, spouse, domestic partner or dependent experience a qualifying event during the plan year, a decision to re-enroll in the health insurance plan may be made at that time. However, exclusions for pre-existing conditions may apply pursuant to the respective plan document if coverage is provided at any time other than the Village's Open Enrollment period.

Employees who opt out of their individual coverage will receive a monthly payment of \$75.00 or \$900 annually. Employees who opt out of their dependent coverage (while remaining in the plan themselves) will receive a monthly cash payment of \$125.00 or \$1,500.00 annually. Employees who opt out of both their individual and dependent coverage will receive a monthly cash payment of \$200.00 or \$2,400 annually. Please note that this income is fully taxable as income and subject to IMRF pension.

Who should take advantage of this incentive?

The decision to convert to individual coverage or cancel all coverage should be weighed very carefully. Employees should evaluate their insurance options to determine if it is cost effective to take advantage of this incentive. The additional premium associated with obtaining coverage under a spouse's plan may be offset by the Village's Opt-Out incentive.

What do I have to do to sign up?

Employees wishing to participate in the insurance opt-out program must provide evidence that their spouse or domestic partner and/or dependents are insured elsewhere **and also have their spouse or partner sign the authorization form.**

Anyone interested in participating in the opt-out option **must** execute the appropriate election form(s) attached to this memorandum. Employees electing to opt-out of the Village health insurance plan for both the Individual and Dependent coverage are required to execute **both** election forms.

Election form(s) is (are) due in the Human Resource Department no later than November 30, 2015.

VILLAGE OF OAK PARK, ILLINOIS
HUMAN RESOURCE DEPARTMENT

**REQUEST TO WAIVE INDIVIDUAL HEALTH INSURANCE
2016 PLAN YEAR
OPT-OUT INCENTIVE - \$75.00 PER MONTH/\$900 PER YEAR**

The Health Insurance Benefits provided by the Village of Oak Park have been thoroughly explained to me. **I ELECT NOT TO COVER MYSELF THROUGH THE VILLAGE'S HEALTH PLAN.**

I understand if I elect to opt-out of health insurance coverage, I WILL NOT be entitled to Health Insurance Benefits the Village provides individually to employees, effective January 1, 2016.

I understand if I wish to renew coverage for myself at a later date, I may only do so only during the Village's annual open enrollment period, unless I have experienced a qualifying event, such as the loss of my other health coverage, in which case I have 31 days from the date of such loss to enroll under the Village's health plan provided I have not voluntarily relinquished my alternative health insurance during the plan year. I understand and agree that approval to discontinue coverage is at the discretion of the Village of Oak Park.

I have attached documents showing that I am covered by health insurance under some other policy, e.g., my spouse's employer. I understand and agree that approval to discontinue coverage is at the discretion of the Village of Oak Park.

I have read and fully understand the contents of this Form and the Policy which accompanied it:

PRINT NAME: _____

SIGNATURE: _____

DATE: _____

Description of Attached
Alternative Insurance Documentation (Plan Document; ID Card, etc):

VILLAGE OF OAK PARK, ILLINOIS
HUMAN RESOURCE DEPARTMENT

**REQUEST TO WAIVE DEPENDENT HEALTH INSURANCE
2016 PLAN YEAR
OPT-OUT INCENTIVE - \$125 PER MONTH/\$1,500 PER YEAR**

The Health Insurance Benefits provided by the Village of Oak Park have been thoroughly explained to me. **I ELECT NOT TO PROVIDE HEALTH INSURANCE FOR MY QUALIFIED DEPENDENTS.**

I understand that if I elect not to provide health insurance for my dependents, any eligible dependent(s) currently covered by the health insurance provided by the Village of Oak Park **WILL NOT** be entitled to Health Insurance Benefits provided by any Health Insurance Plan the Village provides effective January 1, 2016.

I understand if I wish to provide coverage for my dependents at a later date, I may do so only during the Village's annual open enrollment period, unless my dependent experiences a qualifying event, such as the loss of the other insurance coverage. I understand that if this is the case, I must enroll my dependents within 31 days of the loss of coverage or other qualifying event, provided the dependent(s) has (have) not voluntarily relinquished his/her/their alternative health insurance during the plan year.

I have attached documents showing that my dependent(s) is (are) covered by health insurance under some other policy, e.g., my spouse's employer. I understand and agree that approval to discontinue coverage is at the discretion of the Village of Oak Park.

I have read and fully understand the contents of this Form and the Policy which accompanied it:

PRINT NAME: _____ DATE: _____

SIGNATURE: _____

SIGNATURE OF SPOUSE: _____ DATE: _____

Description of Alternative Insurance Documentation (Plan Document; ID Card, etc) Attached

VILLAGE OF OAK PARK, ILLINOIS
HUMAN RESOURCE DEPARTMENT

**REQUEST TO WAIVE INDIVIDUAL AND DEPENDENT HEALTH INSURANCE
2016 PLAN YEAR
OPT-OUT INCENTIVE - \$200 PER MONTH/\$2,400 PER YEAR**

The Health Insurance Benefits provided by the Village of Oak Park have been thoroughly explained to me. **I ELECT NOT TO PROVIDE HEALTH INSURANCE FOR MYSELF OR MY QUALIFIED DEPENDENTS.**

I understand that if I elect not to provide health insurance for my dependents, any eligible dependent(s) currently covered by the health insurance provided by the Village of Oak Park **WILL NOT** be entitled to Health Insurance Benefits provided by any Health Insurance Plan the Village provides effective January 1, 2016.

I understand if I wish to provide coverage for my dependents at a later date, I may do so only during the Village's annual open enrollment period, unless my dependent experiences a qualifying event, such as the loss of the other insurance coverage. I understand that if this is the case, I must enroll my dependents within 31 days of the loss of coverage or other qualifying event, provided the dependent(s) has (have) not voluntarily relinquished his/her/their alternative health insurance during the plan year.

I have attached documents showing that my dependent(s) is (are) covered by health insurance under some other policy, e.g., my spouse's employer. I understand and agree that approval to discontinue coverage is at the discretion of the Village of Oak Park.

I have read and fully understand the contents of this Form and the Policy which accompanied it:

PRINT NAME: _____ DATE: _____

SIGNATURE: _____

SIGNATURE OF SPOUSE: _____ DATE: _____

Description of Alternative Insurance Documentation (Plan Document; ID Card, etc) Attached
