

**Dauphin County Technical School  
Insurance Opt-Out Form**

I would like to decline the following insurances:

Health Care (\$700) and Prescription Coverage (\$200) \_\_\_\_\_

Dental Coverage (\$100) \_\_\_\_\_

I understand that to be eligible for the above payments, I must decline coverage no later than June 1<sup>st</sup> or the end of Open Enrollment for the forthcoming school year and I must provide proof of other coverage via spouse or otherwise.

I also understand that the above payments shall be made in two equal installments, on the second regularly-scheduled payday in December and June as long as I am still employed at Dauphin County Technical School.

\_\_\_\_\_  
Name

\_\_\_\_\_  
Social Security Number

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**In the event the IRS holds that the above payments result in medical benefits being taxable to an employee, payments shall be discontinued and such employee shall be permitted to enroll in the health care plan otherwise available to members of the unit.**

**In the event the health care coverage, prescription coverage, and/or dental coverage which entitled an employee to receive an “opt-out” payment shall become unavailable, the employee shall be entitled to re-enroll in any of the three coverage plans. The employee shall be responsible to reimburse the pro-rata portion of any “opt-out” payment already received.**