



# HUMAN RESOURCES DEPARTMENT

## City of Burlington

179 South Winooski Avenue, Suite 100, Burlington, VT 05401

Voice (802) 865-7145

Fax (802) 864-1777

**Vermont Relay: 7-1-1 or 800-253-0191**

### HEALTH INSURANCE BUYOUT FORM

I, \_\_\_\_\_, hereby choose the City's health insurance buy-out option. I have provided evidence to the City's Human Resources Department, which verifies my coverage with another health insurance carrier (i.e. copy of my health insurance membership card). I certify that I am not required by any court order to provide coverage to my dependents. I understand that by canceling my coverage, I am entitled to receive a monetary buy-out amount (an amount which is designated by the union contract or personnel policy, which ever is applicable to me) added to my paycheck weekly. Further, it is agreed that if at any time my alternate coverage becomes ineffective, I may elect to re-enroll in the City's health insurance plan.

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date