

HUMAN RESOURCES DEPARTMENT

CITY OF BURLINGTON

200 Church Street, Suite 102, Burlington, VT 05401
Phone: (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 attached 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, whichever 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