

**SUNY SCHEENECTADY**  
COUNTY COMMUNITY COLLEGE

***Professional Health Insurance Waiver  
2022***

SUNY Schenectady County Community College offers full-time professional staff the option to waive health insurance (excluding dental and vision), and to receive a cash payment in lieu of insurance coverage. Proof of alternate insurance coverage, both for the employee and for any eligible dependents (if applicable), must be presented in order to participate. Acceptable proof is a letter completed by an employer or insurance company verifying coverage including each covered family member. **THIS IS AN ANNUAL ELECTION. You must complete this form each year that you are eligible, during open enrollment.**

NAME \_\_\_\_\_

TITLE \_\_\_\_\_

DEPARTMENT \_\_\_\_\_

Member of:

- UFP \_\_\_\_\_
- CADA \_\_\_\_\_
- Administrative Staff (Unrepresented) \_\_\_\_\_

Indicate Current Health Insurance Coverage: Individual \_\_\_ Family \_\_\_

Indicate Health Insurance Waiver Amount: Individual (\$2000) \_\_\_ Family (\$4000) \_\_\_

Employee Certification

I certify that I am freely and voluntarily declining health insurance coverage that would ordinarily be offered to me, in lieu of a cash payment offered through the Health Insurance Waiver. I certify the above information is correct to the best of my knowledge. I have attached proof of alternate insurance coverage.

Further I understand:

- I will be expected to re-certify my eligibility to participate in this program every academic year.
- I must report all changes in my eligibility status immediately to the Human Resources Office.
- The College will seek recovery of any overpayment of health insurance waiver benefits.

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

\_\_\_\_\_  
Human Resources Date

\_\_\_\_\_  
College President Date

\_\_\_\_\_  
Received by Payroll Office Date