Cary Institute
of Ecosystem Studies

OPT-OUT PLAN ELECTION FORM

PLEASE COMPLETE THIS FORM ONLY IF YOU ARE OPTING OUT OF CARY INSTITUTE'S MEDICAL INSURANCE. TO BE ELIGIBLE FOR THIS BENEFIT, EMPLOYEES MUST HAVE BEEN HIRED PRIOR TO JANUARY 1, 2013. PLEASE RETURN COMPLETED FORM TO HUMAN RESOURCES.

I have received a summary plan description describing the Cary Institute of Ecosystem Studies' Medical Reimbursement Plan. I understand that, under the plan, I may choose to waive coverage under the Institute's health plans and that, if I do so, I will be eligible to participate in the Institute's Medical Reimbursement Plan. I also understand that whether I take advantage of the new option is entirely my voluntary decision.

I hereby choose to discontinue my coverage under the Institute's health plan and to participate in the Institute's Medical Reimbursement Plan. I understand and confirm that: (1) my choice is entirely voluntary; (2) once my election takes effect, I will have no coverage under the Institute's health plan; and (3) I have satisfied myself that the other health care coverage available through my spouse is adequate for the needs of myself and my family, and I have relied totally on my own judgment in making the choice.

I also understand that this election may be revoked if I lose coverage under my spouse's or domestic partner's non-Institute health plan. I can re-enroll in the Institute's health plan, and my coverage will begin as soon as I notify the Human Resources Office. At that time, I will no longer be eligible for the Institute's Medical Reimbursement Plan.

Name of Employee:_____

Period for which this election is effective: January 1, 2019 to December 31, 2019.

Signature of Employee: **Date:**

_____

Witness (someone other than a Human Resources employee)

Accepted by:

_____

Manager of Human Resources

PO Box AB, 2801 Sharon Turnpike, Millbrook, NY 12545
P 845-677-5343 F 845-677-5976 www.ecostudies.org