



Hudson City School District
215 Harry Howard Ave
Hudson, NY 12534
518-828-4360 EXT. 2116

Effective Date _____

Today's Date _____

In lieu of enrolling in a group benefits for which I'm eligible for an have been offered, I am applying for the Health Insurance buy-out that is being offered by the Hudson City School District.

EMPLOYEE NAME: _____

STREET ADDRESS: _____

CITY, STATE, ZIP: _____

I am currently covered by Health Insurance through my spouse, parents, or other employment

SPOUSE/PARENTS/OTHER: _____

SPOUSE/PARENT/OTHER EMPLOYER: _____

ADDRESS OF EMPLOYER: _____

COPY OF SPOUSE/
PARENT/EMPLOYER
HEALTH INSURANCE
CARD

AUTHORIZATION: I certify that the information supplied above is true and complete to the best of my knowledge.

Signature of HCSD Employee

Date