



SISTERS SCHOOL DISTRICT #6
525 E. Cascade Ave. Sisters, Oregon 97759
(541) 549-8521 Fax (541) 549-8951
E-mail: HR@ssd6.org website: www.ssd6.org

Insurance Opt-Out Provision – Request to Opt-Out 2024-25

- ***If you elect to Opt-Out of insurance for this school year, please read the following provisions, sign this form and return to Tracy Suckow at the District Office together with proof of your other group insurance.***
 1. In order to qualify to opt-out of the health care insurance benefit the employee or retiree must be enrolled in group insurance coverage elsewhere, and provide proof of that coverage to Sisters School District.
 2. Once an employee or retiree opts-out they will need to wait for the open enrollment period to re-enroll in the district plan, unless they experience a qualifying event such as: divorce, death or loss of employment that cancels the other group coverage the employee had previously.
 3. An employee who chooses to opt-out of district coverage through OEBC must still complete the Open Enrollment process online and declare they are opting out of coverage at that time. The employee must still submit a copy of their current alternate group insurance identification card to Sisters School District.
- **I verify that I have alternate group insurance coverage as outlined above and wish to opt-out of Medical, Dental AND Vision for the 2024-25 coverage term. A copy of my other insurance coverage is attached to this form.**

Signature _____ Date _____

Print Name _____

Examples of allowable other group coverage:

- Any employer sponsored group coverage through a spouse or domestic partner
- Medicare
- Tricare

Non-qualifying coverage:

- OHP
- Any other coverage purchased independently, such as through the Insurance Marketplace