EAST END HEALTH PLAN
PROCEDURE FOR WAIVER OF PREMIUM

1. **You may be entitled to a waiver of premium.**
2. **In order to qualify for a waiver of your East End Health Plan premium, ALL THREE of the following conditions must apply.**
   a. **You must have been totally disabled as a result of sickness or injury, on a continuous basis, for a minimum of three months.**
   b. **You must be on authorized Leave Without Pay. You are NOT eligible for the waiver if you are still receiving income through salary, sick leave accruals or retirement allowance.**
   c. **You kept your coverage in effect while you were off the payroll by paying the required full cost of your health benefit premium (your contribution and the District's contribution, if any) if you are on Leave Without Pay.**
3. **A waiver is NOT AUTOMATIC. You must apply for it and you must continue to pay your health benefit premiums until you are notified that the waiver has been granted. You will receive a refund for any overpayment.**
4. **Waiver may continue for up to one year during your total disability unless one of the following occurs, at which time your waiver will be cancelled.**
   a. **You return to the payroll.**
   b. **You are no longer on a Preferred List.**
   c. **You are no longer disabled.**
   d. **You are no longer a District employee (and are not on a preferred List).**
   e. **You vest your health coverage rights.**
   f. **You retire.**
   g. **You die.**

HOW TO APPLY FOR A WAIVER OF PREMIUM

1. **Obtain a waiver form from your District Health Plan Coordinator.**
2. **After you, the District, and your physician have filled in the required information, return the completed form to: East End Health Plan c/o Eastern Suffolk BOCES, 201 Sunrise Highway, Patchogue, New York 11772.**
3. **The request will be forwarded to the Third Party Administrator for their review.**
4. **You and your district will be notified by letter as to the result of your request.**

YOU MUST APPLY DURING THE PERIOD IN WHICH YOU MEET THE ELIGIBILITY REQUIREMENTS FOR A WAIVER. YOU MAY NOT APPLY AFTER YOU RETURN TO THE PAYROLL OR VEST OR RETIRE.

APPLICATION FOR WAIVER OF PREMIUM

When a waiver of health benefits contributions is requested because of total disability, the following information is required. It is understood that any expenses incurred for the attending physician's statement hereon are the responsibility of the Employee and are not to be considered as a Covered Medical expense.

PART A (To be completed by Employee)		PLEASE PRINT OR TYPE
NAME	ID Number/SS #	
ADDRESS:		
CITY:	STATE:	ZIP CODE:
I hereby apply for a waiver of premium under the East End Health Plan SIGNATURE: ____________________________		DATE: ______________________

PART B (To be completed by District)	PLEASE PRINT OR TYPE
APPLICANT'S TITLE:	DISTRICT CODE NO.
APPLICANT'S BIRTH DATE:	DISTRICT NAME:
DATE LEAVE WITHOUT PAY:	TELEPHONE NO.
SIGNATURE OF H.R. ADMINISTRATOR: ____________________________	DATE: ______________

PART C (To be completed by Attending Physician)	PLEASE PRINT OR TYPE
PHYSICIAN'S NAME:	
ADDRESS	
1. COMPLETE MEDICAL DIAGNOSIS:	
2. WHEN DID THE DISABILITY PREVENT THE EMPLOYEE FROM PERFORMING HIS OR HER REGULAR DUTIES?	
3. IS THE EMPLOYEE CURRENTLY DISABLED? ☐ YES ☐ NO	
4. ON WHAT DATE DID YOU FIRST TREAT EMPLOYEE FOR THIS DISABILITY?	
5. WHEN DID YOU LAST EXAMINE EMPLOYEE?	
6. WHEN WILL EMPLOYEE BE ABLE TO RESUME HIS OR HER REGULAR DUTIES?	
7. COMMENTS:	
PLEASE NOTE: UNLESS ALL QUESTIONS ARE ANSWERED COMPLETELY, A DETERMINATION CANNOT BE MADE. PERSONAL SIGNATURE OF PHYSICIAN: ______________________ M.D.	DATE: ______________

PART D (To be completed by East End Health Plan)	
THE WAIVER OF PREMIUM FOR THE ABOVE EMPLOYEE IS: ☐ APPROVED ☐ DISAPPROVED	
WAIVER EFFECTIVE ____________________ TO ____________________	
SIGNATURE: ________________________________	DATE: ______________
This approval is dependent upon continuation of the employee's LWOP status throughout the waiver period. Should the employee return to the payroll, be terminated, retire, or resign during the waiver period, this waiver of premium will terminate.	

sp3/21/07