

County of Hudson
Department of Finance & Administration
Division of Personnel

Health Benefit Waiver Notification

Date February 2, 2009
To: Eligible Employees
From: Elinor Gibney, Deputy Personnel Dir
Subject: Health Benefit Waiver Program for


Director
2009

Please be advised that the County is permitted to offer a financial incentive to eligible employees who waive their medical insurance coverage as currently provided by the County. In order to qualify to receive the waiver payment employees must provide proof that they are covered as a dependent by their spouse's or partner's insurance or have individual coverage provided by another employer.

Should an employee choose to voluntarily waive their medical benefit coverage the amount of the waiver payment will be based on their level of coverage: family/ spouse/partner/parent/child or single. The amounts of the reimbursement are based on the NJSHBP premium rates as of January 1, 2009. Employees will receive four (4) quarterly payments at the end of each eligible quarter. Payments are subject to all state and federal taxes. **Please note that there is a decrease in waiver amounts offered as of January 2009 due to a decrease in the State Health Benefit premiums.**

Family:	\$4,065.49 annually
Member/Spouse/ Partner:	\$3,658.96 annually
Parent/Child:	\$2,276.68 annually
Single:	\$1,626.21 annually

Any employee who voluntarily waives their coverage will be permitted to immediately resume coverage should they lose their alternative coverage for any reason, including, but not limited to loss of employment, retirement, divorce or death of a spouse/partner. In order to resume coverage the employee must contact the Office of Health Benefits immediately to complete the required forms and supply proof that their coverage has been terminated. Should an employee fail to do so, they will have to wait until the annual Open Enrollment.

Employees who choose to waive their coverage should contact Elinor Gibney @ 201-795-6244 or via e-mail. Employees will be required to complete the necessary forms as well as provide proof of the alternative coverage: insurance identification card, etc.. **Employees can choose to waive their coverage at any time throughout the year.**