



HUMAN RESOURCES

Supporting The Academy of the New Church and The General Church of the New Jerusalem

Medical Buy-Back Agreement & Authorization

Employee Name (please print)

I have elected to purchase other medical insurance or to be on my spouse’s medical insurance program. I have provided evidence of my coverage to the Human Resources Office (a copy of an ID card or a plan document). I voluntarily waive any of the Church’s medical insurance programs and understand that I can only change my election to participate in the buyback plan during an open enrollment period, or if there is a qualifying event, i.e., change in family status, birth or adoption, change in employment status for employee or spouse, etc.

Buy-back payments represent a portion of the premium the Church would have paid for duplicate coverage under one of the Church’s base plans in effect at the time of the Buy-Back Agreement.

I am authorizing that coverage be waived for:

| | | <u>Employee</u> | | <u>Pensioner</u> | |
|--------------------------|---|-----------------|-----------|------------------|-------------|
| | | Per Pay | Annual | Semi- | Annual |
| | | Amount | Amount | Annual | Amount |
| <input type="checkbox"/> | Myself | \$ 10.42 | \$ 250.00 | \$250.00 | \$500.00 |
| <input type="checkbox"/> | My Spouse | \$ 10.42 | \$ 250.00 | \$250.00 | \$500.00 |
| <input type="checkbox"/> | My Spouse & dependent children | \$ 20.83 | \$ 500.00 | \$500.00 | \$ 1,000.00 |
| <input type="checkbox"/> | My Spouse & myself only | \$ 20.83 | \$ 500.00 | \$500.00 | \$ 1,000.00 |
| <input type="checkbox"/> | My Spouse, myself & my dependent children | \$ 31.25 | \$ 750.00 | \$750.00 | \$ 1,500.00 |

Buy-Back payments are issued to employees with each pay, 24 times a year.

Pensioners receive his or her Buy-Back payments two times a year, in June and December.

Taxes are deducted from Buy-Back payments.

Signature

Date