
Request to opt out of Lewis County Health Plan

Employee Name: _____

Date of Hire: _____

I request to Opt-Out of the Lewis County Health Plan.

- Hired: Dec-May, qualify for the Jun Open period, 1st payment will be September
- Hired: Jun-Nov; qualify for the Dec Open period, 1st payment will be March

Beginning Period: June December (Circle One)

Year: _____

I understand I will receive quarterly payments postpaid.

These quarters consist of:

December	-	February
March	-	May
June	-	August
September	-	November

I understand I may rejoin the Lewis County Health Plan during the re-opening dates of June 1st and December 1st of each year under the conditions set by the Health Insurance Company and based on the original date of hire.

Date: _____ Signature: _____