



## Mamaroneck Union Free School District

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### **Health Insurance**

If you are enrolling in the District health insurance, you must complete and submit the following documents.

1. MEBCO Enrollment form (all applicable sections 2-6), completed and signed
2. If enrolling a spouse, a copy of your marriage certificate is required
3. If enrolling dependents (other than a spouse), a copy of a birth certificate is required for each

You have up to 30 days from your start date to enroll in health benefits. Outside of a qualifying life event, the next opportunity to elect coverage would be during Open Enrollment Period which occurs only once annually in November.

If you are electing to opt out of District health insurance and collect the Health Buyout Waiver you must submit the following each year you wish to receive the buyout:

1. Signed Health Buyout Waiver
2. A copy of your current health insurance ID card

**You will be required to re-enroll annually during Open Enrollment if you would like to continue receiving the health buyout payment.**

### **Life Insurance** (if applicable)

Please make sure to complete the form in its entirety, including beneficiary information as well as a signature.

**The District provides Group Life Coverage at no cost to you. Any additional coverage elected will be an out of pocket expense.**

This policy, as well as any additional coverage, is in place only as an active employee. You do have the option to convert your policy when leaving the District at higher rates.

### **Flex Enrollment**

Please make sure to include **both the per pay and annual calendar year deduction** you are electing for Medical and/or Dependent FSA.

When enrolling in a Flexible Spending Plan as a new hire, please note contributions made within each calendar year will not carry over to the following year if unused.

**You will be required to re-enroll annually during Open Enrollment if you would like to continue this benefit.**

### **Open Enrollment**

Open enrollment occurs annually in November for coverage effective January 1st.

**The following must be completed annually during open enrollment to continue participation.**

1. Flex – both Medical/Dependent (as applicable)
2. Health Buyout Waiver – including a signed waiver and a copy of your current health insurance ID card

### **Dental/Vision**

Dental/Vision is handled through the MTA Welfare Fund for all units, except for the custodial unit. Dental/Vision benefits for the custodial unit are managed by the CSEA. Please see below contact information.

MaryAnn Lanza – MTA  
Darwin Quinde – Custodial Unit Only

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[dquinde@mamkschools.org](mailto:dquinde@mamkschools.org)

Please submit any documents and/or questions to [benefits@mamkschools.org](mailto:benefits@mamkschools.org).