



**Village of Oak Lawn**  
**ACTIVE EMPLOYEE**  
**MEDICAL INSURANCE BUY-OUT**  
**Period: 1-1-2026 through 12-31-2026**

I, \_\_\_\_\_, elect not to participate in the Village of Oak Lawn's health insurance program. I **decline coverage**. *I acknowledge that I, along with my eligible dependents, was provided an opportunity to enroll in my employer's Group Health plan.*

It is my understanding, according to the Buy-Out provision of the Village's health insurance agreement that I will receive a one-time payment of one thousand five hundred dollars (\$1,500.00) the first time I elect not to participate in the Village's health insurance program during the open enrollment period. It is also my understanding that, as long as the buy-out provision is in effect in the Village's health insurance agreement, I will receive one thousand dollars (\$1,000.00) for each year hereafter that I choose to waive participation in the health insurance program during future open enrollment periods.

In addition, if my employment is terminated for any reason, or if I experienced a Life Event that would qualify me to be added to the Village's Medical Insurance, I understand that I will have to pay back the Buy-Out a prorated amount based on how many months I took advantage of this benefit.

I understand that if I am eligible for Village insurance coverage through marriage or other familial relationship, I am not eligible for the health insurance Buy Out.

Due no later than October 31, 2025.

\_\_\_\_\_  
Employee Name

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Department