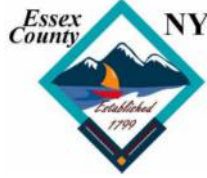


# Personnel Department

**Jennifer Mascarenas**  
**Personnel Officer**  
PO Box 217 7551 Court Street  
Elizabethtown NY 12932



Erica Sadowski- Personnel Technician/Deputy  
Jaime Douglass - Personnel Technician  
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## 2024 CONTRIBUTION WAIVER REQUEST FORM FOR MARRIED COUPLES - MARRIED AND BOTH EMPLOYED BY ESSEX COUNTY WITH BENEFITS PRIOR TO 01/01/2009

Essex County has agreed that "for Married Couples who are a married couple and both are employees of the County prior to January 1, 2009 the County shall pay 100% of the plan costs, for all years of the contract."

### AUTHORIZATION:

Our health insurance option choice requires us to contribute to the premium cost of our plan. We would like to request that the contribution amount of our health insurance plan be waived due to both of us being employed by Essex County and married prior to January 1, 2009.

We understand that if one of us was to terminate employment with Essex County or our marital status changes, we would once again be required to contribute to the premium cost as may be necessary at the time of the change.

\_\_\_\_\_  
Wife's Signature

\_\_\_\_\_  
Husband's Signature

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
County Department

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County Department

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Date

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Date

Subscriber

Subscriber