



**Village of Oak Lawn**  
**RETIREE 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 former employer's Group Health plan.*

It is my understanding, according to the Buy-Out provision in my Collective Bargaining Agreement through The Village of Oak Lawn and the Village's health insurance agreement that I will receive cash equivalent amount which the Village would have paid for the Couple or Single premiums for the "Base Plan".

I understand that I can re-enroll in the Village's health insurance program during Oak Lawn's annual Open Enrollment.

In addition, if I experience a Life Event that would qualify me to be added to the Village's Medical Insurance, I understand that I may have to pay back the Buy-Out a prorated amount, based on dates of coverage.

I understand I need to complete and return to the Village of Oak Lawn HR Department to verify acceptance of this benefit.

Due no later than October 31, 2025.

\_\_\_\_\_  
Retiree Name – Please Print

\_\_\_\_\_  
Retiree Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Department