

Request for Payment in Lieu of Participating in District Health Insurance

I am waiving participation in the District Health Insurance Coverage offered and requesting reimbursement toward coverage of other health insurance.

I understand that this payment will be pro-rated per FTE. Payment will pro-rated per FTE and by benefits eligibility date for new employees.

I understand that this payment will be made in equal biweekly payments via payroll.

I understand that if I reverse my decision and enroll in the District Health Insurance Plan, I will be responsible for paying back the reimbursement to the District (pro-rated).

I understand that I must provide proof of Health Insurance Coverage. I understand that I must send in a picture of my insurance card, even if I sent one in last year.

The District must have a new HC2 Form (Declaration of Health Care Coverage) each year (attached). Submit HC2 Form with this Request. Check Section 2.

When are these requests due?

LMHUUSD Staff – May 15 th	Teachers – June 1st	GMUSD / TRSU Staff – May 15th	Non-Bargaining – May 1 st
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Print Name

Position

School

Current Health Insurance through _____
Include a copy of your insurance card

Signature

Date