



Rescue Union School District

Cash-in-Lieu Request Form – CSEA

Qualifications:

15.3 Eligibility

For employees who are currently enrolled in the district health insurance plan:

Twelve (12) month employees who work 8 hours per day will be provided twelve (12) months of insurance coverage.

Part time employees working 4 or more hours per day are eligible for twelve (12) months of insurance coverage based on the following schedule:

35-40 hours per week = 1.00 FTE

25-34 hours per week = .75 FTE

20-24 hours per week = .50 FTE

15.4 Opt-out/Cash in-lieu

All employees may opt out of district provided medical benefits. If full time employees (1.0 FTE) wish to participate in opt out/cash-in lieu, they need to provide proof of medical insurance.

In-lieu of taking medical insurance provided through the District, the employee would receive cash-in-lieu up to \$2,000 annually, paid per pay period for each month of qualified coverage.

Employees who start the plan year opting-out of medical coverage and wish to participate in medical coverage after open enrollment due to a qualifying event may do so, and they will receive the monthly cap instead of the cash-in-lieu payment for the remainder of the coverage period. (Note: Deductions for the employee's portion of the premium for June and July medical coverage will be included in the remaining regular paychecks to ensure full payment by the May regular pay period for less than 12 month employees).

Employees who start the plan year with medical coverage and wish to opt out due to a qualifying event may do so, but they will not receive any cash-in-lieu for the remainder of the coverage period.

Please attach proof of coverage to this form and complete the information below.

Name

Medical Coverage Provider

(Name of Spouse Employer, Purchase on Open Market, etc.)

Coverage Plan

(Blue Cross/Kaiser, Etc.)

Coverage State Date

(Must be at or prior to beginning of coverage period)

Employee must attach proof of coverage to this form, which can be a statement of coverage with employee's name, medical card, or other document. District may request an updated verification of coverage at a later date. Employee is responsible for notifying District if coverage is terminated, and is required to reimburse the District for any cash-in-lieu payment adjustments due to loss of coverage.

Employee Signature
