



**Cash In Lieu of Insurance- Teachers/Administrators/Directors
FY 2024-2025
Selection Form**

Employee Name: _____

Total benefit is	\$ 6,600.00
Distributed over # Pays	20
Bi-weekly Benefit Amount	<u>\$ 330.00</u>

1st Benefit Pay-date: **09/06/24**
Final Benefit Pay-date: **05/30/25**

Please select the option you are choosing to use for CIL funds:

- ___ 1. Receive as cash paid thru payroll, subject to payroll taxes
- ___ 2. Distribute to an approved 403b annuity company
Company Name _____

Waiver of Medical portion of health insurance coverage only.

I acknowledge that I have been offered the benefit of medical health insurance coverage from Newaygo Public School District.

I decline enrollment at this time because:

I have other medical coverage Name of Insurance Company: _____

Employee Signature

Date

**Newaygo Public School District
Waiver of health coverage
FY 2024-2025**

I acknowledge that I have been offered the opportunity to purchase affordable health coverage from Newaygo Public School District for myself. I was also offered the opportunity to purchase Health insurance through Newaygo Public School District for my dependents.

I decline enrollment at this time because:

I have other medical coverage thru my spouse ____ my parents ____ other ____

Insurance company name: _____ Policy No: _____

Through (employer or organization name): _____

I do not wish to enroll myself in any type of medical coverage at this time.

I do not wish to enroll my dependents in any type of medical coverage at this time.

If you are declining enrollment with the current offer, you may enroll yourself in this plan at the next open enrollment period in the 2025-2026 school year.

Printed name: _____

Signature: _____ Date: _____

**Open Enrollment notice to employees
declining health care coverage
FY 2024-2025**

Typically, you may sign up for health care coverage when you first become eligible for benefits, or during your group's annual open enrollment period. The annual open enrollment period is usually the month prior to the anniversary date of the group contract.

However, under certain specified circumstances, you may be able to sign up for coverage at other times as described below—as long as it's no more than 60 days from the qualifying event. Supporting documentation may be required.

QUALIFYING EVENTS

When any of the following occur, you may sign up for health care coverage outside of the open enrollment period:

- Lost employer-sponsored health plan coverage, or other minimum essential coverage, unless the loss is based on voluntary termination, termination of an employer sponsored health plan, misrepresentation of a material fact affecting coverage, or fraud related to coverage.
- Lost eligibility for Medicaid or another public program that's providing health benefits.
- Loss of coverage purchased on the health benefits exchange due to an error on the part of the exchange, the issuer, or Newaygo Public School District.
- Permanent move or change in jobs, when the previous health plan doesn't provide coverage in the new location.
- Health plan no longer available to a subset of members that includes you.
- Coverage change is requested by Newaygo Public School District.
- Marriage or entering into a domestic partnership.