

To: **Full-Time Employees Eligible for Family Health Care Benefits
Who Select Single Coverage for 2017-2018**



From: **Jeffery S. Fouke, Treasurer**

Employees who are eligible to carry health care coverage on their dependent(s) and who select single coverage will receive \$960.00 for medical and \$348.00 for prescription annually. These payments are made in two installments via payroll, last pay in May and last pay in November.

Should a change in coverage be needed due to a major life changing event causing a cessation of the employee's alternate source of coverage during the waiver year, the employee may reinstate coverage effective the first day of the following month without having to meet any pre-existing condition requirement provided the employee has filed the proper application with the Treasurer. Re-entry into the insurance program will preclude the employee from receiving the health care insurance waiver payment made in lieu of coverage as indicated during the waiver year.

By signing this form, I accept the terms of the Washington Local Schools Section 125 Plan as negotiated by TAWLS and/or OAPSE. My election as indicated below will continue until revoked by me. I understand that changes can be made each year during the open enrollment period of August 15th – September 15th with the said change effective October 1st.

Please make your selection:

_____ I elect to receive \$960.00 in lieu of receiving family medical benefits for my spouse and/or dependent(s).

_____ I elect to receive \$348.00 in lieu of receiving family prescription benefits for my spouse and/or dependent(s).

Please complete the information below:

Name of Spouse: *(If applicable)*

Name of Dependent(s):

Date of Birth:

College/University Attending:
(If applicable)

(1) _____

(2) _____

(3) _____

Date

Print Name

Employee ID#

Signature