

BENZIE COUNTY CENTRAL SCHOOLS
Cash-In-Lieu Election Form & Compensation Agreement Change Form

PLAN YEAR: _____

Employee Name: _____ Social Security Number: _____

ELECTION to Receive a CASH-IN-LIEU OF INSURANCE Benefit

_____ I am eligible for, but elect not to participate in the Benzie County Central Schools (BCCS) HEALTH BENEFIT PLAN.

I understand that BCCS will increase my taxable compensation by \$_____ per month/per year in lieu of my taking health insurance benefits. This will typically be paid the second pay of the month. School year employees will receive a lump sum payment paid the second pay in June to cover June, July, and August.

I understand that I may, in the future, be able to enroll myself (and any eligible dependents) in this medical plan, provided that I request enrollment within 30 days after my other coverage ends. In addition, if I have a new dependent as a result of marriage, birth, adoption or placement for adoption, I may be able to enroll myself and my dependents, provided that I request enrollment within 30 days after marriage, birth, adoption or placement for adoption.

CHANGE OF ELECTION

_____ My employer and I agree that I hereby apply for a *change of elections*. I UNDERSTAND THAT I CANNOT CHANGE MY ELECTION UNLESS I EXPERIENCE A CHANGE IN MY STATUS.

Reason for Change: _____ Marriage _____ Loss of spouse's coverage under another employer health plan
 _____ Divorce _____ Death of spouse or dependent
 _____ Birth _____ Termination of spouse's employment
 _____ Adoption _____ Other (please explain): _____

This agreement is subject to change if BCCS insurance program is amended during the plan year.

Employee Signature

Date: _____

Employer Signature

Date: _____