

Mt Blue Regional School District

Submit this completed form to the
MBRSD Business Office by 8/23/24

Cash in lieu of Health Insurance
Food Service Staff
2024-2025

Any employee, who chooses to decline the MEA Benefit Trust Plan health insurance coverage and provides proof of insurance coverage outside the employer (other than a subsidized government plan, e.g. Medicare), shall receive a one thousand dollar payment (\$1,000) in lieu of insurance coverage. This does not apply to employees who are covered as dependents on another MBRSD health policy.

I qualify for the cash-in-lieu benefit, **have attached a copy of my health insurance card or another proof of coverage** and request \$1,000.00 payment on **June 27, 2025**.

Signature

Date

Please Print Name: _____

PLEASE FORWARD THIS FORM AND **A COPY OF YOUR HEALTH INSURANCE CARD OR ANOTHER PROOF OF COVERAGE TO THE BUSINESS OFFICE**

IF A COPY OF THIS FROM WITH THE FOLLOWING COMPLETED HAS NOT BEEN RETURNED TO YOU BY OCTOBER 31, 2024, CONTACT KRISTI LEAVITT AT THE BUSINESS OFFICE.

**THIS SECTION IS TO BE COMPLETED BY THE
MBRSD BUSINESS OFFICE**

EMPLOYEE'S NAME: _____

Received by: _____ Completed on _____

- \$1,000 will be paid on June 27, 2025
- The employee has health insurance coverage and therefore is ineligible for this benefit
- The employee is part-time and therefore ineligible for this benefit
- The employee's insurance plan does not qualify