

Cash in lieu of Health Insurance  
**Mt. Blue Professional Staff Association**  
2024-2025

\*\*\*Article X, Section C.4: 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 thirty seven hundred and fifty dollar payment (\$3,750) in lieu of insurance coverage. An employee must notify the Central office in writing of their election and said election may not be revoked until the following school year, except as follows. If an employee wishes to reinstate district health coverage due to a qualifying event during the contract year, they must notify the district immediately. Upon notification of the qualifying event, the district will cease the in lieu payment and district health coverage shall be reinstated. Eligible requirements for health benefits are subject to Anthem Blue Cross and Blue Shield policy. The in lieu payment will be distributed in equal bi-weekly installments over the course of the insurance year.

I qualify for the cash-in-lieu benefit and have attached a copy of my health insurance card or another proof of coverage.

\_\_\_\_\_  
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 YOUR BI-WEEKLY PAYMENT HAS NOT COMMENCED BY SEPTEMBER 30TH CONTACT KRISTI LEAVITT AT***

***kleavitt@mtbluersd.org***

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

EMPLOYEE'S NAME: \_\_\_\_\_

Received by: \_\_\_\_\_ Completed on \_\_\_\_\_

- The employee has met all of the qualifications
- 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