

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

Article 8; Section A.3;

a: Any employee who chooses to decline the MEA Benefit Trust Plan health insurance coverage and provides proof of insurance outside the employer (other than a subsidized government plan, e.g. Medicare, MaineCare) shall receive \$3,750.00 in lieu of insurance coverage provided the following conditions are met:

1. If an employee is opting out of the district health insurance plan, they must provide notice (paperwork for cash-in-lieu and proof of other insurance) between May and August 23rd.
2. Employees are required to report any errors for their health insurance or cash-in-lieu by September 30th in order for the business office to rectify any errors for the current contract year.

e: The in-lieu payment will be distributed in equal bi-weekly installments over the course of the insurance year with 22 paychecks starting September 6, 2024.

To be eligible for this benefit, employees must be contracted for a minimum of 30 hours per week. Benefit will be prorated for employment of less than 12 months.

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

Date Signature

Please Print Name: _____

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

IF YOUR BI-WEEKLY PAYMENT HAS NOT COMMENCED BY SEPTEMBER 30TH, CONTACT KRISTI LEAVITT at kleavitt@mtbluersd.org

**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