

Submit this completed form to the  
MBRSD Business Office by 09/03/21

**Mt Blue Regional School District**

**Cash in lieu of Health Insurance**  
**Central Office/At-Will**  
**2021-2022**

Any employee, who chooses to decline the MEA Benefits Trust Plan health insurance coverage agrees to a.) sign a statement that they and their eligible dependents have been offered affordable coverage by Mt Blue Regional School District and b.) they waive the offer for health insurance; and c.) provide proof that they and their eligible dependents are covered under another employer-sponsored health plan. Any employee who meets the requirements in a-c shall receive \$4,000 in lieu of insurance coverage.

The in-lieu payment will be paid biweekly.

I qualify for the cash-in-lieu benefit, **have attached a copy of my health insurance card or another proof of coverage** and request \$4,000.00 payment as scheduled.

\_\_\_\_\_  
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, 2021, CONTACT KRISTI LEAVITT AT THE BUSINESS OFFICE.***

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

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

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

- The employee qualifies for the payments
- 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