

**JEFFERSON UNION HIGH SCHOOL DISTRICT
IN LIEU OF MEDICAL COVERAGE – A.F.T.**

1. All active district employees eligible for fully- paid district health insurance may apply. The deadline to apply is November 30, 2018. After December 1, 2018 employees electing to discontinue health insurance coverage will not be eligible for cash-in-lieu
2. If an employee has medical coverage through another source other than Affordable Care Act (ACA) equivalent to that offered by the district AND provides evidence of such a plan, the employee may elect to withdraw from the district health plan and receive the cost of the district's lowest cost plan in one annual stipend at the end of the school year. The rate at which the district will provide cash-in-lieu will be \$1750 for full time employees.
3. Verification must be a copy of other medical coverage and must be submitted with this application.
4. This agreement remains in effect until the employee is enrolled in a district health plan. If for any reason the medical plan is discontinued, the employee agrees to immediately enter an equivalent health plan at his/her expense and authorize the district to re-enroll him/her in the district plan, at the latest, during the next open enrollment period or, per carrier requirements, the employee may be able to re-enroll in district coverage if proof is provided that there has been no lapse in coverage.

PERS Members: \$1,750 Annual Stipend
This benefit will not be subject to PERS retirement withholding.

STRS Members: \$1,750 Annual Stipend
Effective July 1, 2018, this benefit will be subject to STRS retirement withholding.

APPLICATION

I have met the conditions as outlined above and set forth in my bargaining unit contract. I hereby request that my coverage under the district health insurance policy be discontinued. I understand that I will not receive health insurance benefits from the district as long as this agreement is in effect.

Employee's Name

Social Security Number

Signature

Dated

Medical Insurance Carrier

Effective Date of Cash-in-Lieu

Return this form with verification of medical insurance coverage to the Payroll Department.