



MADISON PUBLIC SCHOOLS

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PAYMENT IN LIEU OF BENEFITS POLICY

An employee may voluntarily elect to waive participation in the Madison Public Schools' health benefit program. In order to elect to waive health benefits, an employee must be enrolled in alternate employment-based health coverage elsewhere, provided this coverage is not a pre-existing condition plan, high risk-pool or insurance exchange. Those electing to waive medical and dental benefits will receive a payment in lieu of these benefits. The payment is based on the employee's eligible level of coverage within the guidelines of the health insurance options for single, two-person or family coverage and is paid under the provisions and payment periods outlined within the respective union contract

An employee has only one opportunity per calendar year to voluntarily change his/her health benefit status. That is, if an employee chooses to waive his/her health benefits effective September 1st, he/she may only re-enter the program, during the open enrollment period, for the following September 1st, unless there is a change in status (e.g. marriage, divorce, birth of child, etc.). Health benefits refer to medical coverage and all riders attached to the policy, e.g., dental, vision and prescription plans.

PAYMENT IN LIEU OF BENEFITS WAIVER

I elect NOT to participate in the health benefit program as described above and attest that I currently have alternate employment-based health coverage. Said alternate health coverage is neither a pre-existing condition plan, a high risk pool nor part of an insurance exchange I understand that my "in lieu of" benefit payment will be pro-rated depending upon when I become eligible for benefits. I also understand that I may only choose to re-enter the health benefit program during the normal open enrollment period, unless I have had a change in status (e.g. marriage, divorce, birth of child, etc.).

Please check the level of pay in lieu. Our insurance company requires us to provide proof of eligibility beyond the single level coverage for **new enrollees**. Acceptable documents are copies of birth certificates, marriage licenses, adoption papers, and divorce decrees. Please attach your qualifying documentation and return this form to the Human Resources Department as soon as possible. ***If you have previously turned in the appropriate documentation, you do not need to resubmit it.***

Single = \$700 _____
Two-Person = \$900 _____
Family = \$1,200 _____

I understand the above agreement and have selected pay in lieu of benefits accordingly:

Employee name (please print)	Employee Signature	Date
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.....For Office Use Only.....

Processed by: _____

Date: _____