

Oak Creek-Franklin Jt. School District
7630 South Tenth Street
Oak Creek, WI 53154
768-6141

**CASH OPTION ALTERNATIVE BENEFIT
(Payment in lieu of Health Insurance)**

I waive participation in the group health insurance plans of the District and elect to receive cash in the amount available to me under the cash-in-lieu-of health plan of the District.

I understand that if COBRA Guidelines aren't applicable, under current law, if I wish to enroll in a health insurance plan in the future, I will need to complete an enrollment form, and after applying for coverage, there will be a 12-month waiting period before I will be eligible for the health insurance. However, if I am part time and my full time equivalency (FTE) increases by 10% or more, I may elect health insurance coverage within 30 days.

My current coverage is with _____. (Attach verification.)

Adjustments will be made as a cash payment of salary to the employee.

Signature

Date

Office Use Only:

$$\frac{\text{Amt if 100\% FTE}}{\text{FTE}} * \text{FTE} = \frac{\text{Amount per Check}}{\text{Checks per Yr}} * \text{Checks per Yr} = \text{Annual Amount}$$

24/20/12

Effective on Payroll Dated: _____