TO: All Employees Eligible for Health Benefits

SUBJECT: Cash in Lieu of Benefits

The Cumberland Regional School District offers cash in lieu of health benefits to individuals with other Primary Health Insurance in the following amounts:

<table>
<thead>
<tr>
<th>Coverage Level</th>
<th>Medical Benefits</th>
<th>Prescription Benefits</th>
</tr>
</thead>
<tbody>
<tr>
<td>Single</td>
<td>$1,500</td>
<td>$500</td>
</tr>
<tr>
<td>Family/Couple</td>
<td>$3,750</td>
<td>$750</td>
</tr>
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The following checklist may be used to request cash in lieu of benefits:

- Waiver Form (attached)
- Proof of Primary Health Insurance (copy of ID card is sufficient)
- Health Benefits termination form for employees currently enrolled in CRHS healthcare benefits**

*Please contact Jackie Jackson for this form or download the “Healthcare Plans Enroll/Change Form” from the district website (Staff/HR Documents).

Please note that payments are made the second pay period each month from September through June and will be prorated, if necessary.

Please complete and return the appropriate documents to Jackie Jackson at the Board Office.

Thank you.
EMPLOYEE CASH IN LIEU OF BENEFITS FORM

PLAN YEAR: July 1, 2019 – June 30, 2020

I, ___________________________, have elected to opt out of health benefits provided by the Cumberland Regional School District for Medical and/or Prescription effective ________________.

I understand the cash benefits selected below are payable to me in 10 equal installments (September to June payable in the second monthly pay period), and that the cash that I receive is taxable income. If not enrolled for the entire school year, prorated payments will be made for the applicable time period. Once coverage is waived, I cannot re-enroll until the next open enrollment period (subject to “life changing events” exceptions).

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In order to receive these payments, I have attached proof of Primary Health Insurance from another source.

______________________________________________   __________________
Employee Signature Date

______________________________________________   __________________
Business Administrator Signature Date