



<i>Department use only:</i>	
Cash: _____	Effective date: _____
Management: _____	MTA: _____
CSEA _____	Approved: _____

Cash-In-Lieu of Medical Form

Employee Name _____ Employee ID or SSN# _____

Street Address _____ City _____ State _____ Zip _____

Phone number _____ Site Location _____

Please read each of the following statements and initial each box:

- I certify that I am covered by another health plan and have attached verification of my coverage offered through:

Name of Medical Plan (See attached proof of coverage): _____

- I understand that, by exercising the election to receive monthly payments, I will receive no benefits or coverage from any Modesto City Schools Health Plan. If I wish to enroll in a Modesto City Schools Health Plan, I must do so during the annual Open Enrollment period or within 30 days of a qualifying event.
- I understand this verification must be provided and must state that I am currently covered under another health insurance plan. **Without proof of coverage, this form cannot be processed.**
- In order to receive payment effective January 1, 2019, I understand that this completed form and proof of coverage must be received no later than **November 30, 2018**. There will be no retroactive payment for late submissions.
- In order for me to continue to qualify for this option, I must annually re-enroll by submitting a form with updated proof of other Health Plan coverage during the Open Enrollment period. My failure to do so will result in automatic ineligibility, and the cash-in-lieu payments will be terminated for the next calendar year.
- I understand that I must notify the Insurance Department of any changes to my Health Plan within 30 days of the change.

I therefore and hereby agree to all terms and conditions as contained in this Cash-in-Lieu Medical Form and that the terms and conditions are fully understood. I further certify that the information furnished is true and correct and understand that falsification of this form may result in disciplinary action and my repayment of cash-in-lieu payments.

Signature of Employee: _____ Date: _____

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