

Lodi Unified School District
CSEA Classified Employee Medical Rebate Verification Form

Form must be turned in to Payroll by the 10th of the month

Employee Name: _____ **EIN:** _____
Home Address: _____ **Phone:** _____
City: _____ **State:** _____ **Zip Code:** _____

Upon turning in this form, your Medical Rebate will be calculated on your actual contract hours per day (hpd) as of the 1st calendar day of the month. (Timecard hours will not be included in the calculation) Upon turning in form – rebates are not retro'd back.

Example: If you turn in your form on November 10, on November 1st you were contracted at 6hpd, therefore, your monthly rebate amount will be \$162.00 paid to you on the November 30 pay warrant.

If your hours change between the 2nd day and the 31st day of the month, your new rebate amount will reflect in the following months' pay warrant.

Example: if you turn in your form on November 10th and you were contracted at 6 hpd and then January 5 you take a contracted position at 8hpd, your new monthly rebate amount of \$216.00 will be reflected on your February 28 pay warrant.

Employee Total Contract Hours Per Day: _____

2020 Plan Year Monthly Medical Rebate Entitlement: _____
Per chart shown below

Employee Signature and date

verified by Payroll - signature

Supplemental Pool Monthly Medical Rebate – Plan Year 2020

Contract Hours Per Day	Medical Rebate	Contract Hours Per Day	Medical Rebate
8 Hours	\$ 216.00	5.5 Hours	\$ 148.50
7.5 Hours	\$ 202.50	5.0 Hours	\$ 135.00
7.0 Hours	\$ 189.00	4.5 Hours	\$ 121.50
6.5 Hours	\$ 175.50	4.0 Hours	\$ 108.00
6.0 Hours	\$ 162.00		

Non-Lodi USD Medical Insurance Provider: _____

Verification/Proof provided: Insurance Card Verification Letter Other: _____

Payroll received form: _____ Rebate effective with Pay Warrant _____
Date Date

Payroll Initials and date when put on system _____