

## BWS APPLICATION FOR DISCOUNTED MEDICAL PREMIUM

INSTRUCTIONS:	<ol style="list-style-type: none"> <li>1. This form is to be completed by employees covered under the Cigna Premier 20/40, Cigna Classic 25/50 or HSA Plans, whose spouse is also employed by Richmond Public Schools.</li> <li>2. When both employee and spouse work for Richmond Public Schools, they are eligible to receive a discounted rate for health care.</li> <li>3. Return this signed form to the Benefits and compensation Department by email at <a href="mailto:benefits@rvaschools.net">benefits@rvaschools.net</a> . Incomplete forms will be returned.</li> </ol>	
Employee Information	Last	
	First	
	Middle	
	EID	Job Title
	Work Location	Phone Number
Spouse Information	Last	
	First	
	Middle	
	EID	Job Title
	Work Location	Phone Number
<p><b>I certify that I work for Richmond Public Schools at the above location. My spouse is also employed with Richmond Public Schools. I understand that it is my responsibility to notify the Benefits Office if I or my spouse is no longer working for RPS and that I no longer qualify for the discounted rate. Retirees are not eligible for this rate.</b></p>		
Employee Signature		Date
For Benefits and Compensation Department Use Only	Input by	Date