

WCUUSD - CIL – Cash in Lieu - 2023 Plan Year

You have the opportunity to enroll for group medical plan coverage in the Washington Central Unified Union School District Group Health Insurance Plan. If you do not enroll yourself and any eligible dependents at this time, your next opportunity to enroll will be during the plan's open enrollment period, generally held during the month of November with coverage effective the following January 1st, unless you qualify for a special enrollment before open enrollment (see below).

In addition to special enrollment rights, you may be eligible to enroll in the plan if you experience certain "change in status" events that are permitted by the IRS and under the terms of the Washington Central Unified Union School District group health insurance.

Change in Status events that may permit you to enroll in our plan are:

- **Change in Marital Status**
 - Marriage • Divorce or Annulment • Legal Separation • Death of a Spouse
- **Change in Number of Dependents**
 - Birth • Adoption or placement for Adoption • Death of a dependent
- **Change in Employment Status that Affects Coverage Eligibility for you, your spouse, or your dependent.**
 - Termination of Employment • Commencement of Employment
 - Part Time to Full Time • Full time to Part Time
- **Change in dependent's Eligibility under an Employer's Plan**
 - Lost eligibility (e.g., due to age, student status, marital status)
 - Gained eligibility (e.g., due to age, student status, marital status)
- **Changes in Residence Affecting Eligibility for you, your spouse, or your dependent (s)**
- **Certain court orders, Medicare or Medicaid for you, your spouse, or your dependent**

See Summary Plan Description for details.

TERMS: Employees eligible to enroll in the Washington Central Unified Union School District Group Health Insurance Plan who elect to waive coverage under the plan *may* be eligible for an annual Cash-in-Lieu (CIL) payment of \$3500. The CIL payment is payable on a bi-weekly basis (26 paychecks) and is pro-rated for eligible part-time employees.

To be eligible for the CIL payment, the employee and dependents (spouse, and all eligible family members who are tax dependents of the employee) must be covered by other permissible group health plan coverage.

Other permissible group health plan coverage:

- a) Another employer's group plan (see restrictions)
- b) A spouse's health benefit plan (see restrictions)
- c) Certain governmental plans, such as Medicare part A, CHIP (Children's Health Insurance Program), Medicaid, and most TRICARE coverage for military veterans.

Restrictions:

- **Federal tax law prohibits a CIL payment to employees, and/or to their spouse and other family members, covered by an individual policy of health insurance, including individual policies on Vermont Health Connect.**
- **Vermont law prohibits a CIL payment to Vermont public school employees whose coverage is provided from another Vermont public school.**

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Employees are required to certify that the employee, spouse, and any dependents eligible under the Washington Central Unified Union School District Group Health Insurance are all enrolled in other permissible health plan coverage as defined above. WCUUSD requires proof of other health plan coverage. Proof of enrollment in other health plan coverage can include member identification cards, a letter from an insurance company or health plan, a copy of enrollment information, or a letter from another employer attesting to enrollment in that employer's health plan. All proof of enrollment must show the applicable coverage period.

Employees who do not provide the required certification or required proof on an annual basis will not be eligible to receive the CIL payment for the plan year.

The employee must provide the certification of other medical coverage within the following deadlines:

- New hires must provide the certification of other permissible group medical coverage within 30 days of hire.
- At annual enrollment, the certification of other medical coverage must be provided per the deadlines established each year.
- If an employee or employee's family member experiences a Special Enrollment or other change in status and the employee then makes a mid-year election to waive coverage under the Washington Central Unified Union School District Group Health Insurance Plan consistent with Employer's cafeteria plan, notice and proof of enrollment must be provided within 30 days to be eligible for the CIL payment. The bi-weekly CIL payments will begin for the first calendar month coverage terminates, provided the change in status is approved and the certification is accepted.

To obtain the bi-weekly CIL payment, an eligible employee must also complete and sign the attached certification form.

Special Enrollments

If you are declining WCUUSD's group health plan enrollment for yourself, your spouse, and/or your tax dependents because of other group medical coverage, you may be able to enroll yourself and/or your dependents in this plan if you or your dependents lose eligibility for that other coverage or if the employer stops contributing toward you or your dependent's coverage. In addition, in order to claim special enrollment rights for you and your dependents, you must complete this form indicating that the other coverage is the reason you are waiving coverage under this plan **and** you must request enrollment within **30 days** after your other coverage ends or after the employer stops contributing toward the other coverage.

Finally, if you have a new dependent as a result of marriage, birth, adoption, or placement for adoption, you may be able to enroll yourself and/or your dependent(s) in WCUUSD's health plan, even if you previously waived all coverage under the health plan for your entire family. However, **you must request enrollment within 30 days after** the marriage, birth, adoption, or placement for adoption. To request a special enrollment or obtain more information, please contact Payroll at 802-229-0553 x 1305 or email vbreer@u32.org.

WCUUSD - CIL – Cash in Lieu Certification Form

Name _____ School _____

Cash-in-Lieu Payments (Opt Out)

To be eligible for the CIL payments offered by your employer and you waived all health coverage under the plan, you must attest that you and your tax dependents are enrolled in other **GROUP HEALTH COVERAGE** that is **NOT individual medical insurance, and is NOT group health insurance provided by a VT public school.** Individual Medical Coverage includes coverage purchased through the exchange (VT Health Connect).

I elect to waive medical plan coverage and receive a Cash-In-Lieu payment. I have listed the other permissible health plan coverage in which my eligible family members (tax dependents, including spouse, if applicable) and I am/are enrolled.

| Family Member | Family Member Name | Insurance Name | Employer | Effective Dates |
|---|--------------------|----------------|----------|-----------------|
| Employee (self) | | | WCUUSD | |
| Insurance Subscriber (Spouse / Parent) | | | | |
| Dependent | | | | |
| Dependent | | | | |
| Dependent | | | | |
| Dependent | | | | |
| Dependent | | | | |
| Dependent | | | | |
| Dependent | | | | |

Attach Proof of Insurance

I understand that by not enrolling in group health plan coverage now, the opportunity to enroll later is limited as explained in this document. I also understand my eligibility to receive the CIL payment requires my family members (spouse and tax dependents) and I **remain enrolled in other permissible group health plan coverage** that is not individual health insurance, nor a group health plan provided by a VT Public school. I agree to notify the Washington Central Unified Union School District within 30 days if *one or more of my family members or I* lose the coverage identified above. I have read and understand the terms for the Cash-in-lieu (CIL) found on Page 1 and 2 of this document before signing below.

Signature _____ Date _____