

PARK RIDGE BOARD OF EDUCATION

AGREEMENT TO ENROLL IN THE SECTION 125 PLAN

NAME: _____

SCHOOL: _____

COVERAGE TYPE: _____

(Please print)

As per these guidelines, I choose to participate in the Section 125 Plan (Cafeteria Health Plan) between the Board of Education and the Park Ridge Education Association. I understand that this program applies to the medical portion of health insurance only.

Through this program, I will receive 25% of the amount of money the medical insurance costs the Board of Education up to an amount not to exceed \$5,000 for the year (*). The Board will distribute this money in two installments – in September and January.

*Payment received in September is in lieu of medical coverage for the period July through December. Payment received in January is in lieu of medical coverage for the period January through June. If, for any reason, an employee becomes ineligible to participate in this program prior to open enrollment, they will be liable for any unearned funds received. **Upon exiting/termination from the program**, the district will calculate any liability and notify the employee in writing of any amounts owed. **Unless other arrangements are made with the Business Office, this amount will be deducted from the employee in its entirety in the form of a payroll deduction and/or reimbursement to the Business Office.** The amount withheld will not affect pensionable earnings.*

PLEASE SUBMIT A COPY OF YOUR HEALTH INSURANCE CARD WITH THIS FORM ON OR BEFORE SEPTEMBER 15 AND/ OR JANUARY 15 TO QUALIFY.

NOTE: If your spouse is a member of SEHBP or the SHBP, then State law prohibits you from being compensated for waiving your benefits. As such, you will NOT be eligible to participate in this program.

Employee's Signature

Date

*As outlined under State Law.