

**BROWNSVILLE INDEPENDENT SCHOOL DISTRICT  
Supplemental Health  
Insurance Application 2025**

INSURANCE MEMBER ID	<input type="checkbox"/> 2-EMPLOYEE RATE	
EMPLOYEE LAST NAME	FIRST	M.I.
EMPLOYEE SOCIAL SECURITY NUMBER	BISD EMPLOYEE ID NUMBER	EMAIL

**Two-Employee Discount**

To qualify for the two-employee premium rate, as outlined in the district policy CRD (Regulation) both employees must be working for the district, legally married to each other, and living in the same residence. This application must be completed to receive discount and will be required annually. It is the responsibility of the employees to request discount.

Upon verification of eligibility, the discount will be applied. The employee receiving the benefit is responsible to notify the Employee Benefits Department when his/her status or eligibility changes. Monies owed based on ineligibility will be billed to the employee. The district may require a copy of marriage certificate.

Premium or discount will be applied in accordance to the BISD Payroll Department's cut-off dates. For more information, please contact the BISD Employee Benefits Department at (956) 548-8061.

**Please provide spouse information for 2 Employee + Child(ren) rate:**

Spouse \_\_\_\_\_ Employee ID \_\_\_\_\_ BISD Location \_\_\_\_\_  
 Spouse Signature \_\_\_\_\_ Date \_\_\_\_\_

*I hereby certify that the above answers are true and correct.*

*I further understand that a false or fraudulent statement or representation, made in order to procure coverage under the health benefit plan, for a person who is ineligible, is a violation of the anti-fraud provision of the Health Insurance and Accountability Act (18 U.S. Code § 1035) to which civil and criminal penalties, including imprisonment, can apply.*

\_\_\_\_\_  
EMPLOYEE SIGNATURE

\_\_\_\_\_  
DATE