



SANTA PAULA UNIFIED SCHOOL DISTRICT
Decline Medical Coverage and Receive Cash-in-Lieu
2026 Benefit Plan Year

Benefit-eligible active employees who decline District-sponsored medical coverage and provide acceptable proof of alternative group medical coverage outside the District may be eligible to receive a cash-in-lieu benefit of \$300 per month, for up to 10 months per calendar year. Please note that payments are not issued in July and August.

To receive the cash-in-lieu benefit, employees must complete the required steps outlined below. Enrollment must be completed annually during Open Enrollment, or by the 5th of the month for benefits to begin in the subsequent pay period. ***Retroactive payments will not be issued.*** If the enrollment deadline is missed, cash-in-lieu payments will commence with the next regular pay cycle following the completion and approval of all required documentation. If the 5th falls on a weekend or holiday, submissions are due on the last business day preceding the 5th.

Employees who waive medical coverage remain eligible to enroll in dental and/or vision coverage.

Per the Affordable Care Act (ACA) guidelines, alternative group medical coverage must NOT be coverage in the individual market: COBRA, Medicare, Medi-Cal or Covered California

Step 1: GATHER ONE OF THE FOLLOWING ACCEPTABLE FORMS OF PROOF

- A letter of Creditable Coverage from the insurance carrier that lists your name and a current effective date of medical coverage (the effective date must be within the past 12 months).
- A signed letter from your spouse's/domestic partner's HR Department, on company letterhead, listing your name and a current effective date of coverage (the effective date must be within the past 12 months).
- A copy of your insurance identification card that includes your name and a current effective date of coverage (the effective date must be within the past 12 months).
- A copy of online proof of coverage that clearly shows the insurance carrier, lists you as an enrolled member, and includes a current effective date of coverage (the effective date must be within the past 12 months).

Step 2: COMPLETE THE ATTACHED CASH-IN-LIEU OF HEALTH BENEFITS ENROLLMENT FORM LOCATED ON THE REVERSE SIDE OF THIS PAGE

Step 3: SUBMIT THE ACCEPTABLE PROOF OF COVERAGE ALONG WITH THE COMPLETED CASH-IN-LIEU FORM USING ONE OF THE FOLLOWING METHODS:

- Via email: paguilera@santapaulausd.org
- Submit in person directly to the Employee Benefits Technician in the Business Services Department of the District Office

Once your documents have been processed, confirmation will be sent to the contact information listed on your Cash-in-Lieu enrollment form. This notification will confirm approval of your alternative group medical coverage along with the effective date of your Cash-in-Lieu benefit payments.

For questions or additional assistance, please contact **Pamela Aguilera, Employee Benefits Technician**, at (805) 933-8865 or by email at paguilera@santapaulausd.org.



SANTA PAULA UNIFIED SCHOOL DISTRICT
Cash-in-Lieu of Health and Welfare Benefits Enrollment Form

Employee Name _____
(Print first, middle initial, last)

Employee ID# _____

Email address to be used for confirmation of enrollment in Cash-in-Lieu

You may provide a personal or SPUSD-issued email address for correspondence. If no email address is provided, a written confirmation will be sent via USPS to your home mailing address on file with Human Resources.

Please read each statement carefully and initial next to each statement

_____ I decline Santa Paula Unified School District Group Medical Plan Enrollment, and I meet the eligibility guidelines for cash-in-lieu benefits.

_____ I affirm that I am covered by qualifying alternative group medical coverage. This coverage **IS NOT** on the individual market, including COBRA, Medicare, Medi-Cal or Covered California.

_____ I understand cash-in-lieu is a taxable benefit in-lieu of individual participation in Santa Paula Unified School District Group Medical Plans.

_____ I understand cash-in-lieu benefits are paid out in 10 equal payments commencing September through June of each year. Cash-in-Lieu is not subject to retro payments and if I separate employment, retire, enter the 39-month re-hire list, or take an unpaid leave of absence, I am not owed any future payments for the remaining months.

_____ I understand if I opt **into** SPUSD medical coverage, my cash-in-lieu benefits will cease the pay period before my health and welfare benefits commence. To enroll in health and welfare benefits through Santa Paula Unified School District, I must complete the enrollment process and adhere to the Open Enrollment and/or Special Enrollment deadlines.

_____ I understand that if I choose to continue cash-in-lieu benefits it is my responsibility to re-enroll in cash-in-lieu benefits each year during Open Enrollment and demonstrate I have alternative group medical coverage*. If I do not re-enroll in cash-in-lieu during Open Enrollment, my cash-in-lieu benefits will cease effective January 1st.

I verify the above is true and correct. I understand I am opting out of medical benefits and may not opt back into health and welfare benefits until Open Enrollment or if I qualify for a Special Enrollment.

Employee Signature

Date