

**FRAZIER SCHOOL DISTRICT
Business Office**

Medical Insurance

All Married Couples

The parties hereto agree that if an employee entitled to the health insurance benefits set forth above is also insured by the same or a similar plan elsewhere, that employee shall so notify the District of that fact and make an election as to the insurance plan with which he/she will choose to be insured.

Employees covered by a spouse's insurance or other insurance coverage for Blue Cross/Select Blue may choose not to be in the insurance program offered by the District. Employees making such a choice shall receive two hundred dollars (\$200) per month through payroll in lieu of Family or Husband and Wife coverage as long as they have access to the same or similar coverage.

If spouse is employed, please complete the following:

_____ Name of Employee
_____ Name of Employer
_____ Address of Employer

_____ Telephone number of Employer
_____ Name of Plan
_____ Account Number of Plan
_____ Does not have medical coverage

_____ I elect to keep my family coverage with Frazier School District because my spouse does not have the same or a similar plan offered to them.

_____ I elect to receive \$200.00 per month through payroll in lieu of Family or Husband and Wife coverage. We have access to the same or similar coverage.

I hereby verify the statements set forth in this form are true and correct to the best of my knowledge, information and belief.

Date: _____

Signature _____