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| **Steffany Tribou**  Assistant Superintendent  Director of Curriculum, Assessment, and Instruction | **Regional School Unit 13**  **Office of the Superintendent**  28 Lincoln Street  Rockland, ME 04841  Tel: 207-596-6620  Fax: 207-596-2004  **John C. McDonald**  Superintendent of Schools | **Peter Orne**  **Neal Guyer**  Business Manager Projects Director |

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**EMPLOYEE’S ANNUAL REQUEST FOR CASH IN LIEU OF HEALTH INSURANCE**

**2021-2022 CONTRACT YEAR**

**Employee Name:**

By my signature below I hereby certify to the RSU, and agree, that:

1) I have declined health insurance coverage through Regional School Unit No. 13;

2) For the above contract year, myself and all of the individuals for whom I can claim as a dependent on my personal tax return (“tax family”) will have minimum essential health insurance coverage under another employer’s group health plan (employer of my spouse, parent, etc);

3) \*I understand that: (a)no cash in lieu payment will be made to me if the School District knows or has reason to know that I, or any other member of the my expected tax family, does not have or will not have coverage under another employer’s group health plan during the school year in question and (b) the School District reserves the right in its sole discretion to require additional documentation of other group health insurance coverage, such as certificate of coverage from the other employer’s group health plan, in order for me to be eligible for cash in lieu; and

4) That the school district reserves the right to seek reimbursement from me for any cash in lieu amounts which are paid during a time in which I did not meet the above criteria.

**Health Insurance Coverage provided**

Company:

Dates from:07/01/2021 to:06/30/2022

**Employee Signature Date**