**MEMO**

TO: Full Time Employees Eligible for Health Care Benefits

FROM: Jeffery S. Fouke, Treasurer

In order to protect the tax-free status of health care benefits, the Washington Local Board of Education is required by IRS regulations to adopt a Section 125 Plan that allows employees to waive insurance benefits in lieu of compensation.

The 125 Plan mirrors the negotiated agreements found under the section pertaining to health care insurance. Please refer to the applicable contract for the terms of the agreement.

All employees must sign the 125 Election Form that stays in force until revoked by the employee. You must check the appropriate line, sign and return this form.

TO: Jeffery S. Fouke, Treasurer

By signing this form, I accept the terms of the Washington Local Schools Section 125 Plan as negotiated by TAWLS and/or OAPSE and/or provided by the Board of Education. My election as indicated below will continue until revoked by me. I understand that changes can be made each year during the open enrollment period of August 15th-September 15th with said change effective October 1st.

**Please make a selection:**

\_\_\_\_\_\_\_\_ I elect to receive those medical and/or prescription benefits provided by the negotiated health care plan.

\_\_\_\_\_\_\_\_ I elect to receive $1368.00 in lieu of receiving medical benefits as provided by the Washington Local Schools Section 125 Plan and our negotiated agreement.

\_\_\_\_\_\_\_\_ I elect to receive $636.00 in lieu of receiving prescription benefits as provided by the Washington Local Schools Section 125 Plan and our negotiated agreement.

\_\_\_\_\_\_\_\_ I am eligible for family coverage but select single coverage. I have completed and attached the Single Waiver Form.

**Please indicate yes or no:**

\_\_\_\_\_\_\_\_ I would like dental benefits.

\_\_\_\_\_\_\_\_ I would like vision benefits.

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 Date Print Name

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 Employee ID# Signature