WASHINGTON TOWNSHIIP
REQUEST FOR CASH PAYMENT IN LIEU OF HEALTH/DENTAL INSURANCE
PLAN YEAR EFFECTIVE 9/1/22
PAID NOVEMBER, FEBRUARY, MAY AUGUST

I,_____am requesting cash-in-lieu for the following benefits due to duplicate coverage.

HEALTH INSURANCE					
FROM	**TO**	**MONTHLY**	**TO**		**MONTHLY**
Single	**0** Single	149.34			
Employee/Spouse	**1** Single	171.73	**4**	No Coverage	321.07
Employee/Child	**2** Single	126.93	**5**	No Coverage	276.27
Family	**3** Single	306.14	**6**	No Coverage	455.48

DENTAL INSURANCE					
FROM	**TO**	**MONTHLY**	**TO**		**MONTHLY**
Single	**7** Single	6.28			
Employee/Spouse	**8** Single	6.21	**11**	No Coverage	12.49
Employee/Child	**9** Single	9.32	**12**	No Coverage	15.60
Family	**10** Single	19.75	**13**	No Coverage	26.02

HEALTH & DENTAL					
FROM	**TO**	**MONTHLY**	**TO**		**MONTHLY**
Single	**14** Single	155.62			
Employee/Spouse	**15** Single	177.94	**18**	No Coverage	333.56
Employee/Child	**16** Single	136.26	**19**	No Coverage	291.87
Family	**17** Single	325.88	**20**	No Coverage	481.50

Name of insured:_____ Relationship: _____
Name of insurance carrier:_____
Employer's/providers' name:_____
Plan # of the other health insurance:_____

I understand that I will be paid an amount equal to one-fourth (1/4) of the Township premium rate and that these payments will be paid in arrears on a quarterly basis.

Date:_____ Employee's Signature: _____

Payments will be for full months (month will not be prorated). If requested on the 2nd day to the 31st day of the month the effective date will be the beginning of the following month.

Employees must submit a new request form or provide a Certificate of Insurance on an annual basis in order to maintain in-lieu-of payments.

Employees must notify the Human Resources Department if other coverage is lost due to a qualifying event so that they can be enrolled in the Township's health and dental insurance benefits.

Payments are subject to taxes but are not subject to OPERS or OP&F.

I have read and understand the above.

Date:_____ Employee's Signature: _____