

KANELAND COMMUNITY UNIT SCHOOL DISTRICT #302

Employee Name _____ Position _____ School _____

QUALIFYING EVENT

This is to certify that the Qualifying Event to enroll myself and/or my dependents is (please check the correct answer below):

- | | |
|---|---|
| 1. Change in family status due to:
____ Marriage
____ Birth
____ Adoption
____ Placement for adoption
of a child | 2. Loss of health coverage due to:
____ Legal Separation
____ Divorce
____ Death
____ Termination of Employment
____ Reduction of Work Hours
____ Exhaustion of COBRA Continuation or State
Continuation
____ Significant Change in Spouse's Insurance
Coverage and Cost |
|---|---|

The date of the qualifying event is _____. I will provide written proof of this qualifying event and I understand that coverage is contingent on receipt of the written proof from the courts, the previous insurance company or any other source who can verify the qualifying event.

(Employee Signature) (Date)

ELIMINATION OF COVERAGE

This is to certify that _____ shall no longer be covered on my
(Name of spouse)
insurance for the following reason(s): _____.

This drop in coverage is to be effective: _____
(Date)

(Employee Signature) (Date)

(Spouse Signature) (Date)

Required

Election of Tier

I elect the following Tier:

- _____ Tier 1 Employee
- _____ Tier 2 Employee + Spouse
- _____ Tier 3 Employee + Children
- _____ Tier 4 Family (Employee + Spouse + Children)

Effective Date of this tier: _____

(Employee Signature)

(Date)

Breakout and Cost of Insurance with Four-Tier Structure as of November 1, 2011.

Teachers and 12-Month Employees

	Employee Per Pay	District Per Pay	Employee Per Month	District Per Month
<u>Tier 1</u> Employee	\$ 15.31	\$291.04	\$ 30.64	\$ 582.08
<u>Tier 2</u> Employee + Spouse	\$ 61.86	\$430.67	\$123.72	\$ 861.34
<u>Tier 3</u> Employee + Children	\$ 52.71	\$403.20	\$105.42	\$ 806.40
<u>Tier 4</u> Family (Emp + Spouse + Child)	\$153.42	\$705.35	\$306.84	\$1,410.70

Other Support Personnel (minimu of 7.5 hours per day)

	Employee Per Pay	District Per Pay	Employee Per Month	District Per Month
<u>Tier 1</u> Employee	\$ 15.31	\$291.04	\$ 30.64	\$ 582.08
<u>Tier 2</u> Employee + Spouse	\$108.41	\$384.12	\$216.82	\$ 768.24
<u>Tier 3</u> Employee + Children	\$ 90.09	\$365.81	\$180.18	\$ 731.62
<u>Tier 4</u> Family (Emp + Spouse + Child)	\$291.53	\$567.25	\$583.06	\$1,134.50