



## Franklin Central Supervisory Union

and it's member districts:

St. Albans City School, St. Albans Town Educational Center, Fairfield Center School, Bellows Free Academy UHSD#48, and the Northwest Technical Center

### Cash Option Statement of Status and Alternative Coverage

Name:	Social Security # XXX - XX - _____
School:	Position

The level of cash option you may be entitled, or your *status*, is equivalent to the health insurance coverage you would have been eligible for had you selected that coverage. Dependents are those that you could legitimately cover on your plan. Status provided here remains throughout the given school year and may not be amended. Please complete the information below.

#### Status

<b>2 Person</b> I am eligible to cover myself and the dependent listed:		
Dependents Name	Relationship	Age

<b>Family</b> I am eligible to cover myself and the dependents listed :		
Dependents Name	Relationship	Age
Dependents Name	Relationship	Age
Dependents Name	Relationship	Age
Dependents Name	Relationship	Age
Dependents Name	Relationship	Age

#### Alternative Coverage

Plan Sponsor:  
(ie; Smart Widgets, spouses employer)

Insurance Company:

Effective for 12-Month Period Beginning:

To the best of my knowledge, I declare that the information I have furnished is true, correct and complete. I am eligible for the Employer Contribution because I am covered by a comparable health insurance plan and understand that this cash contribution will be taxed as regular income.	
<b>Employee Signature</b>	<b>Date</b>

Office Use Only

Returned to employee on:	Reason:
Approved	Benefits Coordinator Signature: _____ Date: _____