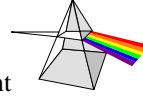


CINNAMINSON TOWNSHIP PUBLIC SCHOOLS



Payroll and Benefits Department
856-829-7600 EXT #8-2112
bednarekl@cinnaminson.com

To: All Employees
From: Lisa Bednarek
Payroll and Benefits Department
Date: March 31, 2010
Re: Payment in Lieu of Medical Coverage for 2010-11

The current Agreement with the Cinnaminson Education Association provides for payment in lieu of medical coverage as indicated below:

<u>COVERAGE WAIVED</u>	<u>PAYMENT</u>
Family	\$2,000.00
Husband/Wife	\$1,941.00
Parent/Child(ren)	\$1,145.00
Single	\$ 787.00

Payments will be made on June 30, 2011 for employees exercising the option to waive medical insurance for the 2010-11 school year. Payments will run through payroll as a separate check and be reported as taxable income. In addition, requests for payment must include definitive proof of coverage. **Please attach a copy of your medical ID card to this form.**

This waiver is irrevocable during the plan year, except upon a change of status or in the event of retirement. Change of status consists of: Legal Marital Status, Number of Dependents (Birth/Adoption), and/or Change in Spouse's Employment Status.

In order to receive payment, please complete the form below and submit it to the Business Office by Friday, April 30, 2010.

PLEASE NOTE: If you are currently waiving your insurance for the 2009-10 school year and wish to enroll for medical insurance for the 2010-11 school year, please notify this office ASAP. **If you have waived in the past and wish to continue, this form must be completed annually.**

Please feel free to contact me if you have any questions.

CINNAMINSON TOWNSHIP PUBLIC SCHOOL
REQUEST FOR PAYMENT IN LIEU OF MEDICAL COVERAGE

EMPLOYEE NAME _____

I request that my present coverage be waived for the 2010-11 school year and that payment in the amount of \$ _____ be made to me.

I understand that this waiver is irrevocable during the plan year, I must submit proof of other coverage and that this payment will be taxable income to me.

Employee Signature

Date