



Health Insurance

Center Name _____ Employee Name _____

It is the intent of Meck Pre-K to assist MeckPre K-funded staff in non-public settings to access health insurance comparable to that provided by Charlotte-Mecklenburg Schools. "Access" can be achieved in several ways. Please select the option that best describes your situation:

Option 1: Comparable coverage provided by employer (must be completed if employer offers comparable major-medical health insurance program)

Comparable major-medical health insurance coverage is provided by my employer with:

Name of insurance company _____

The amount contributed by employer \$ _____

The amount contributed by employee \$ _____

The employer is expected to contribute the entire cost of the employee premium or \$375/month, whichever is less. An invoice showing the exact amount contributed by the employer and employee is required for reimbursement. Please initial one of the following:

_____ I am enrolled in my employer's health care program.

_____ I decline enrollment in my employer's health care program because I have health insurance coverage provided by another source (spouse, college, Medicaid, etc.).

(Attach documentation)

Option 2: Affordable Care Act Insurance secured by the employee

I choose to participate in Affordable Care Act insurance, and understand that I will be reimbursed up to \$375.00/month. Personal health insurance must be secured within 60 days from hire date in order for me to receive financial assistance. In addition, I will provide proof of paid continuous coverage each month in order to be reimbursed by my employer. This does not include dental or vision.

Insurance Company _____

The monthly insurance premium for this policy is \$ _____

(Documentation must be provided for reimbursement)

Director Signature: _____ Date: _____

Staff Signature: _____ Date: _____