ROYD	Name:			Request D	ate:	
OUNTY	Employed by:					
PUBLIC SCHOOLS  The Leader In Learning						
Beginning Date	Ending Dat	e P	art-time or			Days
Mo. Da. Yr.	Mo. Da.		I-time Status	Positio	ns Held	per Year
		<b>= =</b>				
	+					<b>-</b>
	┨ ┝──┼──┼					_
	1					
Continuing Contrac		es No SE COMPLETED)		Transferring S		UST BE COMPLETED)
•	ord Request: Please cing any disciplinary				•	
Information enclosed/attached No disciplinary action on record for this individual						
TRANSFERS ONLY - Health Insurance / HRA / FSA						
Company Number Pers Number						
Plan Options Coverage Level Waiving Health Insurance						
LivingWell CDHP Single Waiver (General Purpose with HRA \$						
LivingWell PPO	Parent Plus	<del></del>	/aiver Dental/Vision	n ONLY HRA with	\$	
Standard PPO	Couple	⊢ N	o HRA - without \$			
Standard CDHP	Family	L;	ast Day Worked			
Cross Reference Smoker Termination of Health Coverage						
Healthcare Flexible Spending Account (monthly deduction):						
	exible Spending Acc	•	•			
TRANSFERS ONLY - Life Insurance						
<u>Optional Lif</u>	e and Accidental D	<u>eath</u>		<u>Dependent L</u>	<u>ife Insurance</u>	
Plan 1 (\$5,000)	Plan 4 (\$50	,000)	Plan A (\$10.54)	Plan D (\$8	3.42)	Plan G (\$16.82)
Plan 2 (\$10,000)	Plan 5 (\$10	· · · · —	Plan B (\$5.70)	Plan E (\$3		Plan H (\$6.96)
Plan 3 (\$25,000)	Plan 6 (\$15	0,000)	Plan C (\$2.42)	Plan F (\$2	1.08)	
Other Voluntary Deductions						
	Deductions		Amount Per <u>M</u>	onth or Check	Date Co	overage Ends
Name of Title 65	Daman Caracil III		•		•	
Name and Title of F	Person Completing f	orm:				
Signature:				Date:		