Hustisford School District Benefits In-lieu of Health Insurance Election Form

Return this form to the Business Office.



In lieu of receiving the health insurance benefit as offered by the district, I elect to receive the appropriate dollar amount, according to the terms of the district's Teacher Employee Handbook, Support Staff Handbook, or individual employment agreement, to be deposited into a WEA Trust tax sheltered annuity plan.

For the 2017-2018 school ye	ear, I elect to receive my benefit in lieu of insurance as follows:
Cash:	
Tax-Sheltered Annuity:	
Employee Name:	
Employee Signature:	
Date:	