



# School District of Glenwood City

850 MAPLE STREET  
GLENWOOD CITY, WI 54013

HOME OF THE HILLTOPPERS

## EMPLOYEE HEALTH INSURANCE OPT OUT ELECTION AND APPLICATION FOR ALTERNATIVE BENEFIT PLAN (ABP)

As a district employee currently eligible to participate in the district's health insurance plan, I am aware of the availability of an Alternative Benefit Plan (ABP) in lieu of insurance for eligible employees. This ABP consists of a cash contribution in the amount of \$4,200 per year from the district for employees who opt out of the district health insurance plan.

- I hereby opt out of the district health insurance plan in favor of the alternative benefit plan (ABP)

\_\_\_\_\_  
Plan Year

\_\_\_\_\_  
Employee Name (print)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date