

TRI-COUNTY EDUCATIONAL SERVICE CENTER
School Year 2022-2023 District Employment Request Form (DERF)

HEALTH INSURANCE ELIGIBILITY

(Check 1 of 4 options below. For Options 1 and 2, circle type of coverage - single or family.)

If the prospective employee meets the following criteria, **they will be** eligible for health insurance coverage which includes medical and dental coverage, as well as board paid life insurance of \$38,000.00.

1. Full-time Insurance Coverage - Employee is employed full-time for a minimum of 1,104 plus hours per year

<u>Employee Cost Per Month</u>		<u>Employer Cost Per Year</u>	
Single Coverage	\$111.06	Single Coverage	\$7,665.48 (12 months)
Family Coverage	\$269.34	Family Coverage	\$18,391.92 (12 months)

2. Part-time Insurance Coverage - Employee works a minimum 736 hours per year

<u>Employee Cost Per Month</u>		<u>Employer Cost Per Year</u>	
Single Coverage	\$686.96	Single Coverage	\$684.00 (12 months)
Family Coverage	#####	Family Coverage	\$1,380.00 (12 months)

3. No Insurance Coverage - Employee works less than 736 hours per year or is currently not eligible for benefit

4. The employee states no insurance coverage needed (ESC will send waiver form to employee)

OTHER BENEFITS TO BE COVERED BY THIS CONTRACT (Please check if applicable)

- 1. Mileage (Estimate amount to be paid) \$ _____
- 2. Professional Development Allowance (Indicate amount) \$ _____
- 3. College Tuition Reimbursement (Indicate amount) \$ _____
- 4. \$ _____

Employees will be paid when all payroll forms are on file in the Treasurer's Office at Tri-County ESC.

Other Information: _____

By signing this form, your district agrees to assume full responsibility for all costs associated with the employment of the above-named individual, including but not limited to wages, benefits, workers compensation, unemployment, calamity days and legal fees.

Superintendent Signature _____ Date _____

Prepared by: _____ Date _____

ESC Office Use Only:	
Date of Board of Education Approval _____	Employee's ODE License # _____
EMIS Funding Source _____	
EMIS Position Code _____	