



STATE OF GEORGIA
BOARDS OF EDUCATION
Application for System-Directed Medical Insurance Coverage
For Non-Certificated Personnel

Boards of Education/School systems must submit this Application for System-Directed Medical Insurance Coverage in order to participate in the two-year pilot commencing January 1, 2017 and concluding December 31, 2018. Applications submitted by systems after the due date will not be approved for participation in the SHBP pilot. Failure to provide information and/or documents requested may result in Denial of your Application.

SECTION I. BOE/SCHOOL SYSTEM CONTACT INFORMATION

Name of BOE/School System

Address

City State County Zip Code

Number of eligible non-certificated employees

Name/Title of Person Completing this Application on Behalf of School System (Authorized Person)

Phone

SECTION II. ELECTION TO PARTICIPATE IN THE SYSTEM-DIRECTED MEDICAL INSURANCE COVERAGE PILOT

Elects to participate in the Pilot (select one option below):

- (1) Coverage is effective January 1 – December 31 for Applications submitted to SHBP by September 1, 2016.

Note: If approved to participate in the State Health Benefit Plan (SHBP) pilot, the above-named Board of Education/School System understands that this is a one-time opportunity to choose self-directed medical insurance coverage for non-certificated personnel for two (2) years, with the option to resume SHBP coverage as of January 1, 2019, without penalty. The Board of Education/School System will not be afforded another opportunity. Any non-certificated personnel who would like to return to SHBP as of January 1, 2019 must participate in the 2018 Open Enrollment to select their desired plan option.

SECTION III. REQUIRED SUPPORTING DOCUMENTATION

If Board of Education/School System indicated under Section II applies to participate in the SHBP pilot, the following documents are required to be submitted with this Application:

- 1. The local school board must submit official documentation of school board action approving the school system's withdrawal, with signed acknowledgements, to the Georgia Department of Community Health (DCH).

2. This official documentation shall provide at least 90 days of lead time prior to the withdrawal/coverage termination date. This allows time for appropriate communications to the affected employees as well as notification to the health plan vendors to process claims in accordance with the withdrawal/coverage termination date.

Note: DCH expects the withdrawing school system to handle all communications with its employees regarding the withdrawal and termination of coverage.

SECTION IV. ACKNOWLEDGEMENT

SHBP is comprised of three health insurance plans: state employees (O.C.G.A. § 45-18-2), public school teachers (O.C.G.A. § 20-2-881), and public school employees (O.C.G.A. § 20-2-911). The Plan Documents contain the controlling terms and conditions for the SHBP and are posted on our website at <http://dch.georgia.gov/shbp-plan-documents>. The Plan Documents include the Summary Plan Description or Evidence of Coverage, SHBP Regulations, Board Resolutions that establish premiums, policies, and other documents used to determine what benefits are payable under the Plan and who is eligible for the Plan. DCH is solely responsible for determining which documents are Plan Documents, and the vendors are required to administer the SHBP in accordance with the Plan Documents. For employers that provide the SHBP through a contract with DCH, the contract is also a Plan Document.

By signing below, Board of Education/School System acknowledges that the submission of this Application does not constitute acceptance into the Pilot, and such acceptance is contingent upon SHBP approval.

Authorized Person's Signature

Date

Please send this originally executed form to:

**State Health Benefit Plan
Attention: Rhonda Manning
Post Office Box 1990
Atlanta, GA 30301**

To Be Completed by SHBP Authorized Personnel Only

Approved

Denied

SHBP Authorized Personnel Signature

Date