

SCHOOL DISTRICT of REEDSBURG

Central Office – 501 K Street
Reedsburg, Wisconsin 53959-1825

Business Office (608) 524-2016

ALTERNATIVE BENEFIT PLAN ELECTION (ABP)

The ABP payment is a \$3,000 annual benefit.

Return this sheet to Mechelle Thompson at the Central Office if you choose not to carry the health insurance provided by the District.

I have elected not to carry the group health insurance provided by the District and I wish to participate in the Alternative Benefit Plan.

I have other group health insurance coverage:

(Insurance Company Name)

If the Alternative Benefit Plan is implemented, I wish to be compensated at the rate of \$250.00 per month.

Printed Name

Signature

Date