



Wage Continuation Enrollment Form

| Employee Information |
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| Employee Name: |
| Employee Identification Number (EIN): |
| Last four digits of Employee's Social Security Number: |
| Day time phone number: |

- I am requesting to be enrolled in Wage Continuation coverage.
- Coverage is effective August 16 for both 10 and 12 month-based employees.
- Payroll deductions will begin in the first pay of the new school year.
- Wage Continuation premiums will be based on the number of unused sick leave balance at the beginning of the new school year.
- Employees must be in an active employment status in order to be enrolled in the program.
- Enrollment in the Wage Continuation program does not guarantee eligibility of use. You must be approved by the Employee Health Services Department for use of this program.
- Payments made towards Wage Continuation are not refundable whether it is canceled, not used, or upon separation from the District.

I also understand that if I wish to cancel participation in this program in the future, I must cancel during the Open Enrollment period, held during the month of May of each year.

Employee Signature: _____ Date: _____