



Mundelein Elementary School District 75 Benefit Plan Elections

Employee Name: _____

School: _____

Paid time off election:

- I elect to use accrued sick days that I have accumulated
- I elect **not** to use accrued sick days that I have accumulated

- I elect to use Short Term Disability (payable at 67% of my salary up to \$1,000/week)
- I elect to use Short Term Disability (payable at 67% of my salary up to \$1,000/week) and 1/3 of a day of sick leave (or pro-rated for salaries over \$1,000/week)
- I elect **not** to use Short Term Disability

- I elect to use accrued vacation days that I have accumulated
- I elect **not** to use accrued vacation days that I have accumulated

Health care coverage election:

- I would like to continue health care coverage for:
 - Myself
 - Myself and currently covered dependents

- I would like to discontinue coverage while on maternity leave
- I don't have health care coverage through District #75

I understand that I am responsible for my share of the cost of the coverage. I agree to contact the Payroll and Benefits Coordinator at 847-949-2700 ext. 2016 prior to the start of my leave to make arrangements for payment while on leave.

Other benefit plan elections:

If coverage under my other benefit plans is available, please

- Continue my coverage while on leave
- Discontinue** my coverage while on leave

If coverage is elected, I understand that I am responsible for my share of the cost of the coverage. I agree to contact the Payroll and Benefits Coordinator at 847-949-2700 ext. 2016 prior to the start of my leave to make arrangements for payment while on leave.

Employee Signature: _____

Date: _____